

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6116

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis Mo. (No. St. Anthony Supt.)

File No.
Registered No. 1138
St. Ward)

2. FULL NAME

Phillip Messerschmitt
(a) Residence, No. 32 1/2 Pestalozzi St. St. 16 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1870.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 7 17

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired Baker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Adam Messerschmitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Pred Messerschmitt
3359 So. Jefferson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Beach DATE 2/15/32

19. UNDERTAKER (ADDRESS) Ziegenhein Bros.
2623 Cherokee St.

20. FILED FFB 23 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 St. 1932.

22. I HEREBY CERTIFY, that I attended deceased from Dec 23, 1931, to Feb 1, 1932.

I last saw h. un. alive on Feb. 1, 1932. Death is said

to have occurred on the date stated above, at 1:50 P.M.

The principal cause of death and related causes of importance were as follows:

460
Carcinoma of Transverse Colon W2134

Other contributory causes of importance: 460

① none.

Name of operation Resection of Colon Date of 1/30/32
What test confirmed diagnosis? Pathology Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Julius Charles Koller, M. D.
(Address) 2623 Cherokee St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

