

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

Do not use this space.

9780

1. PLACE OF DEATH
 92 County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 5998
 City St. Charles (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 37

2. FULL NAME Mary Messner
 (a) Residence, No. _____ St. _____ 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 Anton Messner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 3
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) St. Charles Mo

13. NAME Anton Saale
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Johanna Arth
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Anton Messner
 (ADDRESS) St. Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Pius Cem. DATE Mar 8 1932

19. UNDERTAKER (ADDRESS) H. Hallmeyer & Sons 60 700 N. 2nd St.

20. FILED 3/7 19 31 H. J. Blochman
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1932, to March 5, 1932.
 I last saw h. alive on March 5, 1932. Death is said to have occurred on the date stated above, at 7:25 a.m.

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

Cerebral Hemorrhage
(Hypertension - R. H. M. White)
 Date of onset Feb 5 1932
 Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis Physical & Hist. 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) Robert Gosson, M. D.
 (Address) 700 N. 2nd St. St. Charles Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 29 1932

MARGIN RESERVED FOR BINDING

V. NO. 2.

