

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

Do not use this space.

21413

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Missouri (No. 2646), Potomac (Lutheran Hosp.) St. Ward)

File No.....
Registered No. 5972

2. FULL NAME Oscar S. Messing

(a) Residence, No. 5222 Pernod St. 14 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 41 yrs. 8 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

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 Madeline L. Messing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 28, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
41 8 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice President
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Planing Mill
10. Date deceased last worked at this occupation (month and year) June 21, 1932 11. Total time (years) spent in this occupation 12 2/3

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

13. NAME Anton Messing

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

15. MAIDEN NAME Margaret Boese

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

17. INFORMANT Arthur R. Messing (ADDRESS) 5222 Pernod Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pl DATE June 27, 1932

19. UNDERTAKER Budnick & Sons (ADDRESS) 1236 N. 1st St

20. FILED IV 27 1932 W. C. Starck Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1932

22. I HEREBY CERTIFY That I attended deceased from June 14, 1932 to June 24, 1932
I last saw him live on June 24, 1932 Death is said to have occurred on the date stated above, at 2.10 P.m.
The principal cause of death and related causes of importance were as follows:

Choli-cystitis Date of onset Jan 1932
Choli-lithiasis " " "
Acute Lobar Pneumonia 24 hours

Other contributory causes of importance: 108

Was operated 48 hours previous

Name of operation Removal Gall Bladder
What test confirmed diagnosis? Phys. exam Was there an autopsy? Yes

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? Yes
If so, specify _____
(Signed) Joseph David M. D.
(Address) 658 Century Bldg

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.

SEP 27 1954