

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

Do not use this space.

37514

1. PLACE OF DEATH

County Registration District No.
Township *St. Louis* Primary Registration District No. *1340 Vermont*
City *St. Louis* (No. *1340 Vermont*) St. Ward

File No.
Registered No. **10186**
St. Ward

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

| | | | | |
|--|---|---|--|--|
| 3. SEX <i>Female</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Joseph Hahn</i> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 9, 1849</i> | | | | |
| 7. AGE | YEARS <i>83</i> | MONTHS <i>3</i> | DAYS <i>6</i> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at Home</i> | | | |
| | 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) <i>St Louis Mo</i> | | | | |
| FATHER | 13. NAME <i>Geo Messmer</i> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i> | | | |
| | 15. MAIDEN NAME <i>Rosine Knoebel</i> | | | |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i> | | | |
| | 17. INFORMANT <i>Mrs Emma Lydown</i> (ADDRESS) <i>7340 Vermont</i> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Odd Fellows Cem</i> DATE <i>Nov. 18</i> 19 <i>32</i> | | | | |
| 19. UNDERTAKER <i>C Hoffmeier</i> (ADDRESS) <i>19 1/2 W 19th St</i> | | | | |
| 20. FILED <i>1932</i> | | | | |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 15*, 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *Nov - 2*, 19*32*, to *Nov - 15*, 19*32*
I last saw her alive on *Nov - 15*, 19*32* Death is said to have occurred on the date stated above, at *1:20* p. m.
The principal cause of death and related causes of importance were as follows:
Epilepsy - cerebral hemorrhage Date of onset *Nov 14*

Other contributory causes of importance:
Stroke

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 *(D)*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) *Eurene Bates*, M. D.
(Address) *6819 Virginia*

Every item of information should be carefully supplied. AGE should be stated EARLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

