

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

Do not use this space.

37747

1. PLACE OF DEATH

County..... Registration District No. *7911*
 Township..... Primary Registration District No. *10008*
 City *St Louis Mo* (No. *City Hospital #2*)..... St. Ward)

File No.
 Registered No. **10449**

2. FULL NAME

Pete Messenger
 (a) Residence, No. *121 So Channing St.* *18* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *39* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>9-11-1885</i>		
7. AGE	YEARS <i>47</i>	MONTHS <i>2</i>
	DAYS <i>9</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>laborer 237</i>	
	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>Ala</i>		
FATHER	13. NAME <i>Pete Messenger</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ala</i>	
MOTHER	15. MAIDEN NAME <i>Julia Vance</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ala</i>	
17. INFORMANT (ADDRESS) <i>a Gertrude Creath City Hospital #2</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St Louis La</i> DATE <i>11-23</i> 19 <i>32</i>		
19. UNDERTAKER (ADDRESS) <i>Walter Richters 3500 Rutger St</i>		
20. FILED <i>Nov 26 1932</i> <i>Stanley Registrar</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-20-1932*

22. I HEREBY CERTIFY, That I attended deceased from *11-2* 19*32* to *11-20-1932*

I last saw him alive on *11-20-1932* Death is said to have occurred on the date stated above, at *2:30* m.

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

93C
1040
Chronic myocarditis

Other contributory causes of importance: *93C*
Chronic Bronchitis

Name of operation..... Date of.....
 What test confirmed diagnosis? *Ch pt* 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?
 If so, specify.....
 (Signed) *Smith* M. D.
 (Address) *City Hospital #2*

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.

