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 26 1933

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

Do not use this space. 27804

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6830

Township ..... Primary Registration District No. 1008 Registered No. .....

City St. Louis, Mo. (No. Mo.-Baptist Hospital St. ..... Ward)

2. FULL NAME Priscilla Messing

(a) Residence, No. 5468 Vernon Avenue St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20th, 1887

7. AGE: YEARS 46 MONTHS 4 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labratory Ass't.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Judge & Dolph Drug Co.)

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. Louis, Missouri

FATHER

13. NAME Benjamin Messing

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

MOTHER

15. MAIDEN NAME Louisa Whitekamp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Illinois

17. INFORMANT (ADDRESS) Clara Messing 5468 Vernon Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE Aug. 7th 1933

19. UNDERTAKER (ADDRESS) Weick Bros 2201 S. Grand Boulevard

20. FILED AUG -7 1933 19 J F Breseck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933, to Aug. 3, 1933

I last saw her alive on Aug 3, 1933. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

		Date of onset
34B 139C 110	Pulmonary embolism following operation for removal of Uterine fibroid. (non-malignant)	

Other contributory causes of importance: 92a

Name of operation Hysterectomy Date of 7-27-33

What test confirmed diagnosis? Clinical 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) W. M. Winn, M. D.

(Address) 413 Wall Bldg.

Dr. Winn
Wall Bldg
3.00 P.M.