

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

Do not use this space.

1. PLACE OF DEATH
 County Jefferson Co Registration District No. 421 ✓
 Township Jordan Primary Registration District No. 5575
 City (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Alvina Messner
 (a) Residence, No. Susburg Mo. 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.

File No. 9426

Registered No. 28

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>87</u>		<u>2</u>	<u>7</u>	

OCCUPATION

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. _____

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) Hamburg Germany

FATHER

13. NAME Geo. Messner

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

MOTHER

15. MAIDEN NAME Amalia De Sibus

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

17. INFORMANT Miss Alvina Messner
(ADDRESS) Susburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valhalla Crematory DATE March 24, 1934

19. UNDERTAKER C. Hoffmeister & Co.
(ADDRESS) 1814 S. Broadway

20. FILED 3/24, 1934 J. E. Rutledge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1934, to March 22, 1934
 I last saw h. e. alive on March 22, 1934 Death is said to have occurred on the date stated above, at 12 m.
 The principal cause of death and related causes of importance were as follows:
Gradual exhaustion from Paralytic stroke
Feb. 6 this year.
 Other contributory causes of importance: _____
 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 _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. J. Donnell, M. D.
 (Address) Crystal City Mo.

S-9426