

OCT 14 1937

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

32185  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008**  
(c) City **of St. Louis** (d) Street No. **2643 Geyer Avenue** St. **1**  
(e) Length of residence in city or town where death occurred **15** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Rachel Evelyn Messer**

(a) Residence, No. **8309 S. Broadway** St. **1** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wife of Henry Messer**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 28, 1871**  
7. AGE YEARS **66** MONTHS **4** DAYS **0** If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as 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) **Missouri**

13. NAME **Issac D. Brown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Carinda Turner**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Mrs. Ollie Hanning 8309 S. Broadway**

18. BURIAL, CREMATION, OR REMOVAL to PLACE **Greeley, Mo.** DATE **Aug 30 37**

19. FUNERAL DIRECTOR (ADDRESS) **A. H. McLaughlin 2501 Lafayette Avenue**

20. FILED **SEP 2 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 28, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 1937** to **Aug 28 1937**  
I last saw h. **alive on Aug 28, 1937**. Death is said to have occurred on the date stated above, at **10 a.m.**

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

**Cardiac valvular disease  
Choke**  
Date of onset **?**

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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) **R. Berg**, M. D.  
(Address) **2253 Nebraska**

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.

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STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L.R. Cooper

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed L.R. Cooper

Licensed Embalmer No. 3633

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**