

FEB 16 1938

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

4049
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
(b) Township Kirkwood Primary Registration District No. _____ Registered No. 11
(c) City Kirkwood (d) Street No. 531 East Essex Ave. Kirkwood, Mo. St. _____
(e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles J. Messman 255

(a) Residence, No. 531 East Essex Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24th. 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 0 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Telegraph Operator
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 Mo.

FATHER 13. NAME Clemens J. Messmann

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

MOTHER 15. MAIDEN NAME Johanna Frank

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

17. INFORMANT Mrs. Alvira D. Messmann
(ADDRESS) 531 East Essex Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 5/Jan 1938

19. FUNERAL DIRECTOR Frovost Und. Co.
(ADDRESS) 3710 N. Grand Blvd.

20. FILED 338 THE DOWNEY MEXICO IN 1938
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-38 19 38

22. I HEREBY CERTIFY That I attended deceased from Dec 23 - 27 Dec 28 - 1937

I last saw him alive on Dec 25 - 1937. Death is said to have occurred on the date stated above, at 10:45 A.M.

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

Cerebral occlusion

Other contributory causes of importance:

Hypertension & angina pectoris

Name of operation _____ Date of _____

What test confirmed diagnosis? 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? No

If so, specify _____ (Signed) Martin J. Sless M. D.

(Address) 506 Olive St.

Deputy State Registrar
Deceased Embalmer's Statement on Reverse Side)

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.

M. J. G...
506 B...
11-3

STATEMENT BY LICENSED EMBALMER

I, A. A. Smithers., Licensed Embalmer No. 3916

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Le

L. E. 5916

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

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.)