

1939 JUL 12 1939

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

20234
Do not use this space.
5078

1. PLACE OF DEATH
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City St. Louis, (d) Street No. Lutheran Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Barbara Messing
 (a) Residence, No. 3238a Nebraska Ave. St. 24
 (Usual place of abode, if no street address, write county or city) (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 Anton Messing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont Know. 1867.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
About 72 -- -- --

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 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) Germany. 6

FATHER 13. NAME Dont Know. 7
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know. 9

MOTHER 15. MAIDEN NAME Dont Know.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Madison Jodd
3238a Nebraska Ave.

18. BURIAL, CREMATION, OR REMOVAL St. Mathews Cem. DATE June 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Hebbert & Co.
12842 Meramec St.

20. FILED JUN 5 1939 J. D. Brudick
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1939

I HEREBY CERTIFY, That I attended deceased from May 20th 1939, to June 3rd 1939

I last saw her alive on June 3rd 1939. Death is said to have occurred on the date stated above, at 4:25 P.M.
 The principal cause of death and related causes of importance were as follows:

Septicemia - developed on complication of varicose ulcers of both legs!

Other contributory causes of importance:
None

Name of operation none Date of 5-27-39

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 None
 (Signed) Leecil A. Baker M.D.
 (Address) 2901 Cherokee St. St. Louis, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Herman A. Gebken*

Licensed Embalmer No. *2120*
2842 Meramec St.
P. O. Address *St. Louis, Mo.*

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.) *

-If this body is not embalmed, above space should be left blank.