

No. 2
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17-39
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FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14291

State File No. _____

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Liberty

(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution IOOF Home/Liberty
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months
(Specify whether years, months or days)

In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2734 510th St
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Charles Messmer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary C Messmer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 23 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace St Louis County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Bertrand Messmer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Annie Stark

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Rogers (b) Address IOOF Home

17. (a) Amputation (b) Date thereof 4 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director Paul Corder

(b) Address Liberty, Mo

19. (a) April 5-41 (b) Helen Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th year 1941 hour 5:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to April 5, 1941; that I last saw him alive on April 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Helen Early (Specify type of place) _____ (e) Means of injury _____

Address Liberty, Mo Date signed 4/5/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-12-41

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, ~~_____~~

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3934

P. O. Address Liberty, 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, fact should be so stated above.