S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8962

Registration District No. 1911 Primary Registration District No. 1003 Registrar's No. 2342

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Flower Retreat 2300 S 18th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 Week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 23 17 9
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1718 S. 8th St.
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Rumania

3. (a) PRINT FULL NAME Barbara K. Messmer
3. (b) If veteran, name war no.
3. (c) Social Security No. no
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John Messmer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 20 1865 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	4	22	hr. 1 min.

9. Birthplace Rumania (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Unknown Seitz
13. Birthplace Rumania (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Rumania (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Messmer
(b) Address 1718 S. 8th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation S. S. Peter & Paul Cem
18. (a) Signature of funeral director Witt Bros. L & Nlo
(b) Address 2929 S. Jefferson Av.
19. (a) MAR 15 1942 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12 year 1942 hour 3 minute 15 p. M.
21. I hereby certify that I attended the deceased from 10/31 1941 to 3/12 1942 that I last saw her alive on 3/11 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Chronic Myocarditis	8 Months
Due to old age	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature Albert F. Bina (M. D. or other)
Address 1841 S. 12th Date signed 3/14/42

(Licensed Embalmer's Statement on Reverse Side)

Dr Bina - 1841 So 12th St, Ce 4295

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.....

Paul D. Shamblin, Registered Apprentice No.....

working under my personal supervision.

Signed Paul D. Shamblin

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jefferson

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.