

Filed MAY 7 1942 91
Registration District No.

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County St. Louis mo.
(b) City or town St. Louis mo.
(c) Name of hospital or institution: James Childrens Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town emo
(d) Street No. Parkview
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME RONALD ENLOE MESSER
3. (b) If veteran, name war Child
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 22
year 42 hour 9 minute 55 A.M.
21. I hereby certify that I attended the deceased from 3-28
1942 to 4-22 1942
that I last saw him alive on 4-22
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Child
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 30 1939

Immediate cause of death 2 pneumonia of left lobe
Duration 7 mo.

8. AGE: Years 2 Months 7 Days 22
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Jefferson, Mo.
10. Usual occupation Child

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Enloe Messer
13. Birthplace Jefferson Mo.
14. Maiden name Dora Cooley
15. Birthplace Jemo Mo.

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

16. (a) Informant Enlo Messer
(b) Address Jefferson Mo.
17. (a) Removal (b) Date thereof 4/24/42
(c) Place: burial or cremation Riverview Mo

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed _____

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington
19. (a) APR 23 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

-1097
5/42

MAY 15 1949

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.....

Welford H Burnley
.....
Licensed Embalmer No. *4202*.....

P. O. Address.....

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.