

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12880**
Registrar's No. **3799**

FILED MAY 7 1942
Registration District No. **791**

Primary Registration District No. **100**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town. **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4721a Easton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County.....
(c) City or town. **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **4721a Easton**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Belle Messner**

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

4. Sex. **Female** 5. Color or race. **White** 6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife. **William Messner** 6. (c) Age of husband or wife if alive. **73** years

7. Birth date of deceased. **December 22, 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **4** **3** hr. min.

9. Birthplace. **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name. **James Hazzard**

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

14. Maiden name. **Sarah Edwards**

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

16. (a) Informant. **Gordon Messner**

(b) Address. **4721a Easton Ave.**

17. (a) **Burial** (b) Date thereof. **4/29/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Mt. Lebanon**

18. (a) Signature of funeral director. **Edith E. Ambruster**

(b) Address. **4234 Manchester**

19. (a) **APP 29 1942** (b) **J. J. Budick**
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25**
year **1942** hour **10.05 P.M.** minute..... M.

21. I hereby certify that I attended the deceased from **4/7/42**
19..... to **4/27/42** 19.....
that I last saw her alive on **4/27/42** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death. **Chronic Myocarditis**

Due to **arteriosclerosis**

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?.....

While at work? (Specify type of place) (e) Means of injury **9**

23. Signature **Juan A. Sullivan** (M. D. or other)
Address **2864 N. Union St.** Date signed **4/27/42**

Duration
Physician
Underline the cause to which death should be charged statistically.

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.....
.....
Licensed Embalmer No. 1284
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, fact should be so stated above.