

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 3 1942

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1608

1. PLACE OF DEATH:

(a) County St. Louis 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 9564 Oak Boulevard Rd
(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 Mo (b) County Osage

(c) City or town Clinton Park
(If outside city or town limits, write "RURAL")

(d) Street No. 9564 Oak Boulevard Rd
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jerusha Ann Messimore

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 19
1942 to July 27, 1942

that I last saw her alive on July 27, 1942
and that death occurred on the date and hour/stated above.

4. sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife A. Moe S. Messimore

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased: April 2 1859
(Month) (Day) (Year)

Immediate cause of death chronic myocarditis

Due to 93d

Due to _____

Other conditions apoplexy in July 1942
(Includes pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

83	3	25	hr. _____ min.
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9. Birthplace Walshville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: X

Of operations _____

Of autopsy no

MOTHER FATHER {

11. Industry or business _____

12. Name John Chapman

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

14. Maiden name Amanda Barlow

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

16. (a) Informant Mrs Jost

(b) Address Ridgemore Drive

17. (a) Removal (b) Date thereof 7/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillboro, Ill.

18. (a) Signature of funeral director A. Ibert H. Hoppe Inc.

(b) Address 4700 Washington Ave.

19. (a) JUL 28 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Dr. Parman (M. D. or other) _____
Address Wall Bldg. Date signed 7/28/42

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

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..... *No Embalmer*

Licensed Embalmer No.....

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.