

FILED JUN 4 1949

Registration District No. 2

Primary Registration District No. 1003

4658

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis**
(c) Name of hospital or institution:
3807 Fair Ave. /
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County
(c) City or town **St. Louis**
(d) Street No. **3807 Fair Ave.**
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Lester A. Messenger**

3. (b) If veteran, name war **World War #1**
3. (c) Social Security No. **495-22-6068**

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

6. (b) Name of husband or wife **Edna Hebry Messenger**
6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **May 31 1894**
(Month) (Day) (Year)

8. AGE: Years **48** Months **11** Days **16**
If less than one day hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Tavern Operator**

11. Industry or business

MOTHER FATHER { 12. Name **Albert Messenger**
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name **Laura**
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **Edna Messenger**
(b) Address **3807 Fair Ave.**

17. (a) **Burial** (b) Date thereof **5-10-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valvary Cemetery**

18. (a) Signature of funeral director **Stroot-Carroll**
(b) Address **4600 Natural Bridge Ave.**

19. (a) **MAY 19 1949** (b) **J. J. Brudack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17**
year **1943** hour **12** minute **45** P. M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death **Pericarditis with dilatation
& Coronary sclerosis.**

Due to
Due to
Other conditions **Overweight**
(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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(c) Means of injury
23. Signature **J. J. Brudack** (M. D. or other)
Address **4901st Easton** Date signed **5/18/43**

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

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

Sheldon Collier

Licensed Embalmer No.

3382

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.