

FILED APR 24 1946
318

STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **3600**

Registration District No. _____ Primary Registration District No. _____

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:
5721 McPherson /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Since 1862
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5721 McPherson
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Grund Messmer

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

4. Sex F. / 5. Color or race W.

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Robt. Messmer, Dec. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 7 1858
(Month) (Day) (Year)

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

87 6 12 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Dietrich Grund

{ 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Barbara List

{ 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martin C. Kaiser

(b) Address 5721 McPherson

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-20-46
(Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director Alexander S...

(b) Address 6175 Delmar

19. (a) APR 19 1946 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1946 hour 6⁰⁰ minute _____ A. M.

21. I hereby certify that I attended the deceased from February 19 to April 15, 1946;
that I last saw her alive on November 12, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Sudden probably coronary

Due to Advanced arteriosclerosis
Moderate hypertension 2 post

Due to Age

Other conditions Serum calcium, Deafness
(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: hc

(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 _____

23. Signature Frederick O... (M. D. or other) Paul H
Address 844 W. 11th St. St. Louis, Mo. Date signed 4-19-46

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

13998

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 *Geo. E. McCulloch*
Licensed Embalmer No. *2460*
P. O. Address *6175 Pelma*

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.