

S. No. 2
M-2-43
5-17-39
K35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

21393

FILED JUN 24 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 1310

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home - 1211 S. Geyer 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 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 1211 S. Geyer
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sophie Katherine Messmer

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Dec. 26 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER { 12. Name Clemens Maurath
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Kern
15. Birthplace New York (City, town, or county) (State or foreign country) 1

16. (a) Informant Joseph Messmer

(b) Address 1211 S. Geyer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 18 46
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Meyer-Pflizinger Funeral Home

(b) Address 331 S. Highway B. Kirkwood Mo.

19. (a) 6-19-46 (Date received local registrar) (b) S. Messmer (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 26 1946 to June 15 1946 that I last saw her alive on June 15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus probably 2 years
Due to 48-15

Other conditions (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:

(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) (a) Means of injury 0

23. Signature H. H. ... (M. D. or other) Address 19 E. ... Date signed 6/19/46

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

16
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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 William H. Fitzgibbon
Licensed Embalmer No. 4316
P. O. Address 1098 N. Highland Rd
Kankakee 22, Ill

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.