No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25842

FILED AUG 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6893

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

1. PLACE OF DEATH:

(a) 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: 7406 Vulcan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 7406 Vulcan 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JOSEPH A. MESSMER

3. (b) If veteran, name war W. W. # I

3. (c) Social Security No. 499-01-1372

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 26, 1890
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation Elevator Operator

11. Industry or business Lowell Bleachery

FATHER
12. Name Joseph Messmer
13. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary M. Messmer (Wife)
(b) Address 7406 Vulcan

17. (a) Burial (b) Date thereof 7/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. Hoffmeister U & L Co
(b) Address 7814 South Broadway

19. (a) JUL 23 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd
year 1947 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 5-23, 1947 to 7-12-, 1947
that I last saw him alive on 7-12, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	unk
Due to: Coronary sclerosis	years
Due to: —	
Other conditions: Congestive Heart failure (Include pregnancy within 3 months of death)	2 mo.
Bronchial asthma	

Major findings:
Of operations 94
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature A. D. Hoffmann (M. D. ~~or other~~)
Address 4065 So. Grand Date signed 7-22-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Doctor Joseph L. Ferris
4065 South Grand
LOckhart 27II
Doctor will sign at I:IO P.M. 7/22/47

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.