. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 23 1947
Registration District No. 292

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32804
Primary Registration District No. 1603
Registrar's No. 8663

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital 0
(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 Missouri (b) County 96
(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6346 Wellsmar 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Doris Lee Messersmith
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kenneth Messersmith
6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased August (Month) 16th (Day) 1929 (Year)

8. AGE: Years 18 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Salem, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Alfred Smith
13. Birthplace Salem, Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Myrtle Biggs
15. Birthplace Salem, Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Gladys Messersmith
(b) Address 5076a Easton Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.
19. (a) SEP 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th year 1947 hour 8 minute 20 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.
Immediate cause of death: Suffocation from Clotted Blood in Left main Bronchus & Tonsillectomy while unpleasant an Operation at Park Lane Hospital on Sept. 12th 1947
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 195
Of autopsy 160

Duration

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
23. Signature Patrick E. Taylor (M. D. or other)
Address Dy Cor Date signed 9/13/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.