

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10402

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3124

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Mo. b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. STREET ADDRESS (If rural, give location) 2507 Howard St.	

3. NAME OF DECEASED (Type or Print) JOE	a. (First)	b. (Middle)	c. (Last) MESSEX	4. DATE OF DEATH	(Month) Apr.	(Day) 6	(Year) 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 22, 1892	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 8 Days 14	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker	10b. KIND OF BUSINESS OR INDUSTRY Samuels Shoe Co.	11. BIRTHPLACE (State or foreign country) St. Clair, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William Messex	13b. MOTHER'S MAIDEN NAME Delilah Gibson	14. NAME OF HUSBAND OR WIFE Mae Messex
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mae Messex 2507 Howard St.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		8 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular disease DUE TO (c)		Several yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 92			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 APRIL, 1949, to 6 APRIL, 1949 that I last saw the deceased alive on 5 APRIL, 1949, and that death occurred at 4:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard A. Jones M.D.	23b. ADDRESS 3720 Washington St. Louis	23c. DATE SIGNED 6 Apr 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 9, 1949	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. APR 6 1949	REGISTRAR'S SIGNATURE J. B. Basater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

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.