

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10404

State File No. _____

1003

Registrar's No. 2743

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY <i>W-1</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 6 days.		d. STREET ADDRESS (If rural, give location) 4105 W. West Florissant Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital. 0			

3. NAME OF DECEASED (Type or Print) John S. Messmer			4. DATE OF DEATH March 24 1949.		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Sept. 1, 1865		9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Christian Messmer		13b. MOTHER'S MAIDEN NAME Elizabeth Hermann		14. NAME OF HUSBAND OR WIFE	
--------------------------------------	--	---------------------------------------------	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 496-14-6013		17. INFORMANT'S SIGNATURE OR NAME Park Lane Hospital		ADDRESS 4930 Lindell Blvd.	
----------------------------------------------------------------------------------------------------------	--	-------------------------------------	--	------------------------------------------------------	--	----------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardial infarction		DUPLICATE					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) none					
		DUE TO (c) none					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. Labas Pneumonia & Rheum					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none autopsy by pathologist				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	--------------------------------------------------------------	--	--	--	----------------------------------------------------------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
-----------------------------------------------	--	-----------------------------------------------------------------------------------------------	--	-------------------------------------------------	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none	
---------------------------------------------------------	--	--------------------------------------------------------------------------------------------------------	--	---------------------------------	--

22. I hereby certify that I attended the deceased from 3-21-1949 to 3-24, 1949, that I last saw the deceased alive on 3-24, 1949, and that death occurred at 10:30p m., from the causes and on the date stated above.

23a. SIGNATURE M. H. Hermann		(Degree or title) M.D.		23b. ADDRESS 2735 1/2 Grand		23c. DATE SIGNED 3/26/49	
------------------------------	--	------------------------	--	-----------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-38-49.		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
--------------------------------------------------	--	--------------------	--	-----------------------------------------------------	--	--------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. MAR 26 1949		REGISTRAR'S SIGNATURE J. B. Koster		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.		ADDRESS 2161 East Fair Ave	
--------------------------------------	--	------------------------------------	--	-----------------------------------------------------------	--	----------------------------	--

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

7m

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

Harold S. Burnley

Licensed Embalmer No. *4307*

P. O. Address

St. Louis, Mo.

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.