

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28343

FILED SEP 2 1949

State File No. _____

7453

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY MISSOURI				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MO				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		17		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3949 MIAMI				d. STREET ADDRESS (If rural, give location) 16 3949 MIAMI				
3. NAME OF DECEASED (Type or Print) a. (First) ANTON			b. (Middle) MESSMANN			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) AUG 26 1949								
5. SEX MALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APR. 24 1894		
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months 7		IF UNDER 12 HRS. Hours 2		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER			10b. KIND OF BUSINESS OR INDUSTRY LACLEDE CHRISTY		11. BIRTHPLACE (State or foreign country) HUNGARY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRANK MESSMANN			13b. MOTHER'S MAIDEN NAME MAGDALINA HELLMAN			14. NAME OF HUSBAND OR WIFE ELIZABETH MESSMANN		
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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ELIZABETH MESSMANN ADDRESS _____				
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, ashenia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH Unk				
ANTECEDENT CAUSES As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis General				Unk				
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____								
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) ST. LOUIS MO				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR ILTD				
22. I hereby certify that I attended the deceased from Jan 16 1948 to Aug 26 1949 , that I last saw the deceased alive on Aug 25 1949 and that death occurred at Aug 26 1949 , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Robert E. Warner M.D.				23b. ADDRESS Paul Brown Bldg. St. Louis		23c. DATE SIGNED Aug 27 49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG 29 1949		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		
DATE RECORDED BY LOCAL REG. SEP 27 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuttis 2906 Brossia ADDRESS _____				

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

