FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32564

BIRTH NO. _____ REG. DIST. NO. 6217 PRIMARY REG. DIST. NO. 6076 Registrar's No. 26219

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1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koch, Mo ( ) — c. LENGTH OF STAY (in this place): 47 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hospitae

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. — b. COUNTY: City of St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 1718 South 7th St.

3. NAME OF DECEASED (Type or Print): a. (First) Jacob — b. (Middle) John — c. (Last) Messmer

4. DATE OF DEATH (Month) Sept. (Day) 5 (Year) 1949

5. SEX male — **6. COLOR OR RACE** white — **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married — **8. DATE OF BIRTH** 2-2-1890 — **9. AGE** (In years last birthday) 59 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none — **10b. KIND OF BUSINESS OR INDUSTRY**: none — **11. BIRTHPLACE** (State or foreign country): St. Louis, Mo. — **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME: Jacob Messmer — **13b. MOTHER'S MAIDEN NAME**: Elizabeth (?) — **14. NAME OF HUSBAND OR WIFE**: Blanche Messmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none — **16. SOCIAL SECURITY NO.** 492-07-4153 — **17. INFORMANT'S SIGNATURE OR NAME**: Records of Koch Hospital — **ADDRESS**: Koch, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

002X

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — 002 — **20. AUTOPSY?** YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* July 19, 1949, *to* Sept. 5, 1949, *that I last saw the deceased alive on* Sept. 5, 1949, *and that death occurred at* 2:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Axel R. Gronau, M.D. (Degree or title) — **23b. ADDRESS** Robert Koch Hospital — **23c. DATE SIGNED** 9/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** 9/8/49 — **24c. NAME OF CEMETERY OR CREMATORY** Resurrection Cem. — **24d. LOCATION** (City, town, or county) St. Louis (State) Mo.

DATE REC'D BY LOCAL REG. 9-7-49 — **REGISTRAR'S SIGNATURE** Herbert R. Hensler M.D. — **25. FUNERAL DIRECTOR'S SIGNATURE** John E. Mogdell — **ADDRESS** Funeral Home 1926 Allen

(Licensed Embalmer's Statement on Reverse Side)

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

23-D

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 me

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

working under my personal supervision.

Signed Dale R. Neumann

Signed .....
Student Embalmer

Licensed Embalmer No. 4533

P. O. Address 1936 Allen

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.