

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18449

State File No. 1235

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) 14 DOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			d. STREET ADDRESS (If rural, give location) 5335 Bancroft Ave.		

3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) Mess c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 10 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept. 18, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Yugoslavia	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Ludwig Fischer	13b. MOTHER'S MAIDEN NAME Otilia Himmel	14. NAME OF HUSBAND OR WIFE Frank Mess
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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. No	17. INFORMANT'S SIGNATURE OR NAME Michael S. Mess	ADDRESS
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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)		Diabetes mellitus		5 yrs
*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)		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS		ab. 10 yrs
		Conditions contributing to the death but not related to the disease or condition causing death.		
		arteriosclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) St. Louis
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 August, 1948, to Apr 10, 1950, that I last saw the deceased alive on April 9, 1950, and that death occurred at 6:00 Am., from the causes and on the date stated above.

23a. SIGNATURE Henry Rompelt, M.D.	(Degree or title)	23b. ADDRESS 3903 Olive St.	23c. DATE SIGNED Apr 11, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 13, 1950	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) Affton, Mo.
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DATE REC'D BY LOCAL REG. MAY 11 1950	REGISTRAR'S SIGNATURE J B Basater	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial Mortuary 6464 Chippewa St.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Henry Rosenfeld  
Olive & Vandeventer

**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 *James C Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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.