

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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FILED FEB 2 1952

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State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6569 Winona</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Messerschmitt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 10 1896</u>		9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>John Pearson</u>		13b. MOTHER'S MAIDEN NAME <u>Tillman</u>		14. NAME OF HUSBAND OR WIFE <u>Fred C. Messerschmitt</u>			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred C. Messerschmitt 6569 Winona</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Peritonitis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Intestinal obstruction of ileum.</u> DUE TO (c) <u>Carcinoma of rectum</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>  <u>15 days</u>  <u>Unknown</u>	
19a. DATE OF OPERATION <u>1-2-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction of ileum and Carcinoma of rectum.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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? <u>154X</u>					
22. I hereby certify that I attended the deceased from <u>12-29</u> , 19 <u>51</u> , to <u>1-7</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-7</u> , 19 <u>52</u> , and that death occurred at <u>2:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. L. Heutel, M.D.</u> (Degree or title)				23b. ADDRESS <u>3606 Gravois</u>		23c. DATE SIGNED <u>1-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>I-10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>		
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 9 1952</u> <u>Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Schumacher 3013 Meramec</u>					

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

Do-A-HERTEL LA 7890

SO SIDE INITIALS & MARK

So side initials & mark  
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis

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.