

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37121

State File No.

FILED OCT 29 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2635

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 4723?</u> | |
| c. LENGTH OF STAY (In this place) <u>26 Years</u> | | d. STREET ADDRESS (If rural, give location) <u>1205 S. Geyer Rd.</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1205 S. Geyer Rd</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Lucille</u> | b. (Middle) <u>Louise</u> | c. (Last) <u>Messmer</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 1952</u> |
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| 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>Sept 10 1904</u> | 9. AGE (In years last birthday) <u>48</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>America</u> |
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| 13a. FATHER'S NAME <u>Charles W. Straub</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Haeseley</u> | 14. NAME OF HUSBAND OR WIFE <u>Edgar Messmer</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Messmer</u> | ADDRESS <u>Kirkwood 22 Mo.</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mammary carcinoma</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Mammary carcinoma</u> | 20. AUTOPSY? YES <input 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 10:50, to 11:00, 1952, that I last saw the deceased alive on 10 Oct, 1952, and that death occurred at 5:10 A. M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Emee Kenamore M.D.</u> | 23b. ADDRESS <u>457 N. Kings highway</u> | DATE SIGNED <u>12 Oct 52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-13-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood 22 Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>10-12-52</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donhe MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer B. Fittinger</u> | ADDRESS <u>Kirkwood 22 Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 16 1963

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 *William H. Fitzinger* _____

Licensed Embalmer No. *04916* _____

P. O. Address *Lebanon 22, 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.