

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4169

State File No.

FILED JAN 17 1953

 BIRTH NO. 25221 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 9034

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Richmond Hts</u>		c. CITY OR TOWN <u>Lemay - 4000</u>	
c. LENGTH OF STAY (in this place) <u>9 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>Box 664 N. Rt. 11</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Carla</u>		b. (Middle) <u>Ann</u> c. (Last) <u>Messie</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>2-22-52</u>	
9. AGE (In years last birthday) <u>0</u>		10. UNDER 1 YEAR (Months) (Days) <u>10:13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herbert Messie</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Charbonneau</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
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>Herbert Messie</u>		ADDRESS <u>Box 664 N. Rt. 11</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Patent Ductus Arteriosus + Trans Atrialis</u>		INTERVAL BETWEEN ONSET AND DEATH	
* 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		DUE TO (b) <u>Congenital Heart disease.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>None</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>75411</u>	
19a. DATE OF OPERATION <u>1-4-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>1 mmus arteriosus</u>	
20. AUTOPSY? YES <input checked="" 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) (m.)		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 <u>Dec 29, 1952</u> , to <u>Jan 4, 1953</u> , that I last saw the deceased alive on <u>1-4, 1953</u> , and that death occurred at <u>12:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. P. Lynjurdin</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>3209 S. Grand</u>	
23c. DATE SIGNED <u>1-5-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-7-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-6-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Damb-M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. K. Kocshaus</u>		ADDRESS <u>4228 S. Kingshighway</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Richard W. Stovesand

Signed.....

Student Embalmer

Licensed Embalmer No. *4007*

P. O. Address.....

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.