

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12008**
Registrar's No. **2165**

ED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 5401 Tennessee ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) John	c. (Last) Messmer	4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH December 23, 1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Delicatessen		11. BIRTHPLACE (City and State, or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME John Messmer	13b. MOTHER'S MAIDEN NAME Minnie Molt	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME John C. Messmer	ADDRESS 601 Robert ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		24 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cerebral Vascular Disease DUE TO (c)		3 yrs.
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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 443X

22. I hereby certify that I attended the deceased from **1-9**, 1952, to **2-24**, 1953, that I last saw the deceased alive on **2-24**, 1953, and that death occurred at **11 A** m., from the causes and on the date stated above.

23a. SIGNATURE Robert A. Brennan	(Degree or title) M. D.	23b. ADDRESS 5417 South Grand	23c. DATE SIGNED 2-25-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 27, 1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	24d. LOCATION (City, town, or county) (State) 3700 Mt. Olive Road
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DATE REC'D BY LOCAL REG. FEB 25 1953	REGISTRAR'S SIGNATURE Charles Smith	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister	ADDRESS U. & L. Co. 7814 S. Broadway
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STATE PLAIN - 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

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.