

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30239**
Registrar's No. **7544**

FILED AUG 31 1953

BIRTH NO. 56503 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) | |
| b. CITY OR TOWN <u>St. Louis</u> | | a. STATE <u>Missouri</u> | b. COUNTY <u>20607</u> |
| c. LENGTH OF STAY (In this place) <u>20 Hrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>5565 Ashland</u> | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) |
| a. (First) <u>Bruse</u> | b. (Middle) <u>Jene</u> | c. (Last) <u>Messina</u> | <u>Aug 1 1953</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>July 31 1953</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>No</u> | 9. AGE (In years last birthday) <u>20</u> |
| 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Leo Messina</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dorothy Wildfong</u> | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Leo Messina</u> |
| (If yes, give war or dates of service) | | | ADDRESS <u>5565 Ashland</u> |

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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) <u>Respiratory failure</u> | | DUE TO (b) <u>Cerebral anoxia</u> | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) <u>Placenta previa in mother</u> | | |
| 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 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) |
| | | <u>762.0</u> |
| 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 July 31, 1953 to Aug 1, 1953, that I last saw the deceased alive on Aug 1, 1953 and that death occurred at 4:00 P.M. from the causes and on the date stated above.

| | | |
|---|--------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>J. P. ... M.D.</u> | 23b. ADDRESS <u>634 N. ...</u> | 23c. DATE SIGNED <u>8.2.53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/3/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> |

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|--|--|--|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>AUG 3 1953</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm, Schumacher</u> | ADDRESS <u>3013 Meramec</u> |
|--|--|--|-----------------------------|

WRITE PLAINLY—USING UNFADING INK

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

Jack Trump

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.