

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17534**
Registrar's No. **1236**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

1. PLACE OF DEATH a. COUNTY St. Louis		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 Koch, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 3225 Montgomery	
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Barney b. (Middle) (none) c. (Last) Messmer			4. DATE OF DEATH (Month) (Day) (Year) May 25, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Jan. 15, 1881		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HOURS Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.,	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.,		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Ben Messmer		13b. MOTHER'S MAIDEN NAME Louise Whitecamp		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-12-5366		17. INFORMANT'S SIGNATURE OR NAME Records Koch Hospital	
				ADDRESS Koch, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 6 yrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
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"/>	
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?	

22. I hereby certify that I attended the deceased from **5-25, 1954**, to **5-25, 1954**, that I last saw the deceased alive on **5-25, 1954**, and that death occurred at **3:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H.A. HARRIS MD		23b. ADDRESS Robert Koch Hosp., Koch, Mo		23c. DATE SIGNED 5-25-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY 28-54		24c. NAME OF CEMETERY OR CREMATORY CALVARY	
				24d. LOCATION (City, town, or county) (State) ST LOUIS MO	

DATE REC'D BY LOCAL REG. 5/27/54		REGISTRAR'S SIGNATURE Herbert S. Amke		25. FUNERAL DIRECTOR'S SIGNATURE Pauline Kelly	
				ADDRESS 4386 Lindell	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
4000

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 Frank O. Merrick
.....
Licensed Embalmer No. 4854
P. O. Address St. Louis, 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.