

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6731**

FILED MAR 8 1955

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 543		Registrar's No. 463	
1. PLACE OF DEATH a. COUNTY Saint Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Jennings		c. LENGTH OF STAY (in this place) res. 4 years		c. CITY (If outside corporate limits, write RURAL and give township) Jennings			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1919 Switzer				d. STREET ADDRESS (If rural, give location) 1919 Switzer			
3. NAME OF DECEASED (Type or Print) Margaret		a. (First)		b. (Middle) E.		c. (Last) Messinger	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 6, 1878		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 6		IF UNDER 12 HRS. Days 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway agent		10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.		11. BIRTHPLACE (State or foreign country) Lincoln Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Creech		13b. MOTHER'S MAIDEN NAME Sarah Carrett		14. NAME OF HUSBAND OR WIFE Arthur A. Messinger			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E. Bushdiecker, St. Charles, Mo.			
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) Myocardial Infarction						1 hr	
*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					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary Arteriosclerosis				1 hr	
		DUE TO (c) Atherosclerosis - Senility					
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) 4201			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		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 Jan 22, 1943 , to Feb 1, 1955 , that I last saw the deceased alive on Feb 1, 1955 , and that death occurred at 11:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. H. Hermann, M.D.				23b. ADDRESS 28400 Riverview		23c. DATE SIGNED 2/21/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 24, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.	
DATE REC'D BY LOCAL REG. 2-23-55		REGISTRAR'S SIGNATURE Herbert R. Dombrowski		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Dalloway + Son, St. Charles, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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

Frank R. Amalony

Licensed Embalmer No.

4832

P. O. Address

St Charles, 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.