

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13671**
3279

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (In this place) **Life**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **3659a Dunnica**
STREET ADDRESS (If rural, give location) **3659a Dunnica**

3. NAME OF DECEASED a. (First) **George** b. (Middle) **E.** c. (Last) **Messing** 4. DATE OF DEATH (Month) (Day) (Year) **Apr. 12, 1955**

5. SEX **M.** 6. COLOR OR RACE **W.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **M.** 8. DATE OF BIRTH **Feb. 11, 1898** 9. AGE (In years last birthday) **57** IF UNDER 1 YEAR Months **2** Days **1** IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Attorney** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **John J. Messing** 13b. MOTHER'S MAIDEN NAME **Mary Farrington** 14. NAME OF HUSBAND OR WIFE **Mrs. Inez L. Messing**

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. **not known** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Inez L. Messing, 3659a Dunnica** ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.**
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CORONARY THROMBOSIS** INTERVAL BETWEEN ONSET AND DEATH **3-4 hrs.**
ANTECEDENT CAUSES DUE TO (b) **CHRONIC MYOCARDITIS** **1 yr.**
DUE TO (c) **ARTERIO-SCLEROSIS** **?**
II. OTHER SIGNIFICANT CONDITIONS **HYPERTENSION, ESSENTIAL**
ANGINA PECTORIS **2 yrs.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **June 1954**, to **April 12, 1955**, that I last saw the deceased alive on **April 10, 1955**, and that death occurred at **12:40 P.M.** from the causes and on the date stated above.

23a. SIGNATURE **Joseph R. Wacker, M.D.** (Degree or title) 23b. ADDRESS **Missouri Health Bldg.** 23c. DATE SIGNED **4/12/55**

24a. BURIAL CREMATION/REMOVAL (Specify) **Burial** 24b. DATE **Apr. 14, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **APR 12 1955** REGISTRAR'S SIGNATURE **J. Earl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Arthur J. Donnelly** ADDRESS **840 Lindell Blvd.**

G.P. (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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.. *Francis Williams*

Licensed Embalmer No. *35*

P. O. Address *3840 Lu*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting..
If this body is not embalmed, fact should be so stated above.