

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16364

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 126			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY Saint Charles		b. CITY (If outside corporate limits, write RURAL and give township) Saint Charles		c. LENGTH OF STAY (In this place) 4 days		a. STATE Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) Saint Charles		c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN Rural-St. Chas.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital				e. STREET ADDRESS (If rural, give location) R.R.# 3, Box 100 0920					
3. NAME OF DECEASED (Type or Print)			a. (First) Peter		b. (Middle) A.		c. (Last) Messner		
4. DATE OF DEATH		(Month) May		(Day) 31,		(Year) 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married		8. DATE OF BIRTH Jan, 6, 1887			
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 4		IF UNDER 24 HRS. Days 25		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY farming			11. BIRTHPLACE (City and State or Foreign Country) Saint Charles, Co., Mo.			
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Joseph Messner		13b. MOTHER'S MAIDEN NAME Emma Weber		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) Yes			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Anna Messner, St. Charles Co., Mo.			ADDRESS	
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) Coronary infarction				ANTECEDENT CAUSES				10 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease.				10 yrs.	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS				A20'	
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 checked="" 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)	
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?					
22. I hereby certify that I attended the deceased from 10-23, 1953, to 5-31-55, 1955, that I last saw the deceased alive on 5-31, 1955, and that death occurred at 7:15 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Describe or title) <i>W. C. Dallmeier</i>				23b. ADDRESS 114 N. Main St., St. Chas. Mo.				23c. DATE SIGNED 6-1-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 3, 1955		24c. NAME OF CEMETERY OR CREMATORY Saint Peter's Cemetery		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.			
DATE REC'D BY LOCAL REG. June 11 1955		REGISTRAR'S SIGNATURE <i>Francis Hamilton</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. C. Dallmeier</i>		ADDRESS <i>St. Charles, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 7 1955

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.....
Licensed Embalmer No.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.