THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-008159
STATE FILE NUMBER

FILED MAR 12 1958

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 623

1. PLACE OF DEATH
a. COUNTY: St. Louis.
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kirkwood, Mo. Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Agnes Home. Length of stay in 1b: 10 YR

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis.
c. CITY OR TOWN: Kirkwood 4640 Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 10341 Manchester Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Elizabeth Middle: Last: Messmer

4. DATE OF DEATH: Month Day Year: Feb. 28, 1958

5. SEX: Female 6. COLOR OR RACE: White 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Sept. 30, 1865 9. AGE (In years last birthday): 92 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework 10b. KIND OF BUSINESS OR INDUSTRY: At home 11. BIRTHPLACE (City and state or country): St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Matthew Messmer 13b. MOTHER'S MAIDEN NAME: Magdalene Ambruster 14. NAME OF HUSBAND OR WIFE: Nil.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil. 16. SOCIAL SECURITY NO.: None 17. INFORMANT: Margaret Moll, Address: 231 Orrick Lane, Kirkwood, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broncho-pneumonia, acute, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis cerebral — estimated 5 yrs
DUE TO (c) arteriosclerosis general — estimated 20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 334X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/26/57 to 2/28/58 and last saw her alive on 2/26/58
Death occurred at 5:45AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C H Bockelman (Degree or title) M.D. 22b. ADDRESS: 2615 Brentwood Blvd. 22c. DATE SIGNED: 2/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial 23b. DATE: 3-3-58 23c. NAME OF CEMETERY OR CREMATORY: St. Peter & Paul Cemetery 23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: Albert H. Hoppe ADDRESS: 4700 Washington, Blvd. 25. DATE RECD. BY LOCAL REG.: 2-28-58 26. REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

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 G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis

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.