

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023550
STATE FILE NUMBER

318

1003

Registrar's No. 6640

FILED JUL 14 1958

Registration District No.

Primary Registration District No.

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4319 DEWEY</u>		Length of stay in 1b <u>2159</u>	d. STREET ADDRESS (If outside, give location) <u>4319 DEWEY</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH MESSMER</u>			4. DATE OF DEATH Month Day Year <u>JUNE 30 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 6 1912</u>
9. AGE (In years last birthday) <u>46</u>		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) <u>CORPORAL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MET. ST. LOUIS DEPT.</u>	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>		13a. FATHER'S NAME <u>JOHN MESSMER</u>	
13b. MOTHER'S MAIDEN NAME <u>GERTRUDE GRAF</u>		14. NAME OF HUSBAND OR WIFE <u>RUTH MESSMER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>RUTH MESSMER 4319 DEWEY</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strangling</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 Min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Teaches Esophageal Recurrence of</u>			<u>3.6 Mo.</u>
DUE TO (c) <u>Bronchogenic Carcinoma of Lung</u>			<u>2 Yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Metastases to Pylorus & Root of Mesentery</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>162.1</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Death occurred at <u>1045 p.m.</u>		and last saw him alive on <u>June 30, 1958</u> in on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Joseph S. Jurek MD</u>		22b. ADDRESS <u>607 N. Grand Blvd</u>	22c. DATE SIGNED <u>July 1, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>JULY 3 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PK.</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Thomas Kuter 2906 Travis</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 2 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> m83

12-5 Toms
DN 7-8878

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 *Leo J. Buddle*
Licensed Embalmer No. *3989*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.