

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027741
STATE FILE NUMBER

FILED JUL 28 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1901

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. XXXXX Switzerland b. XXXXX	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Thun 89908 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary Hospital		Length of stay in lb 6 days	d. STREET ADDRESS (If outside, give location) Friedhof Weg # 2 Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Emma Middle --- Last Messerli			4. DATE OF DEATH Month July Day 18 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1903		9. AGE (In years less birthday) 54 FUNDER 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Switzerland 5		12. CITIZEN OF WHAT COUNTRY? Switzerland

13a. FATHER'S NAME Samuel Schleppe		13b. MOTHER'S MAIDEN NAME Susanna Feller		14. NAME OF HUSBAND OR WIFE Otto	
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 Address (Thun) Otto Messerli, Friedhof Weg #2, Switzerland		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH 7/3/58 to 7/18/58.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Venous thromboses of legs.	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracturing of superior and inferior rami of pelvis		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Struck by automobile while walking as pedestrian.	
20c. TIME OF INJURY Hour 7:30 Month 7 Day 3 Year 1958 a.m. p.m.		333	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY Missouri	STATE
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21. I attended the deceased from **7-12-58** to **7-18-58** and last saw ^{her} ~~him~~ alive on **7-18-58**
Death occurred at **12:15 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James Y. Greig, M.D. (Degree or title)	22b. ADDRESS 7820 Grandview Christian, Mo.	22c. DATE SIGNED 7/18/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE July 21, 1958	23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	23d. LOCATION (City, town, or county) St. Louis, Missouri
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24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries 7814 So. Broadway St. Louis, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-18-58	26. REGISTRAR'S SIGNATURE Hubert P. Romke, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*
P. O. Address *7414 S. Broad*

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.