

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019436

STATE FILE NUMBER

2 4741

FILED JUN 1 1959

Registration District No. Primary Registration District No.

Registrar's No.

300  
-57

197  
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Anthony Hosp.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>212 Elwood</b>
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Ronald Messmer</b>			4. DATE OF DEATH Month <b>May</b> Day <b>13</b> Year <b>1959</b>		
First	Middle		Last	Month	Day

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jul. 2, 1949</b>	9. AGE (In years at birthday) <b>9</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Peter Messmer</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Brown</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If none, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Peter Messmer</b>	Address <b>212 Elwood, St. Louis, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (		INTERVAL BETWEEN ONSET AND DEATH
<p><i>Sacceration of Liver</i> <i>Hepatic Hemorrhage.</i></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition of death (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. TYPE OF INJURY OCCURRED (From nature of injury in PART II (a) or (b)) <i>falling from a chair struck by a chair</i>
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20c. TIME OF INJURY Hour <b>4:28</b> p.m. Month <b>2</b> Day <b>14</b> Year <b>1959</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, or office bldg., etc.) <b>0172 Street</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo.</b>	COUNTY <b>St. Louis</b>	STATE
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20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20g. CITY, TOWN, OR LOCATION <b>St. Louis Mo.</b>	COUNTY <b>St. Louis</b>	STATE
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21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <b>952 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Ronald Messmer</i>	(Degree or title) <b>3</b>	22b. ADDRESS <b>1300 Clair</b>	22c. DATE SIGNED <b>5/14/59</b>
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23a. BURIAL, CREMATION, or other disposition (Specify) <b>removal</b>	23b. DATE <b>5-16-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>
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24. FUNERAL DIRECTOR <b>Southern Funeral Home</b> <b>6322 S. Grand, St. Louis, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>MAY 15 '59</b>	26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

*mab*

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 *David Van Tassan* .....

Licensed Embalmer No. *4242* .....

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.