

FILED APR 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12716

State File No.

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 547 Registrar's No. 970

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Charles</u>	
c. LENGTH OF STAY (In this place) <u>3 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>519 Madison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Alphonse W. Messner</u>	a. (First) <u>Alphonse</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Messner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>Oct. 12, 1893</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>19</u>	IF UNDER 2 HRS. Hours <u>19</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>International</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Joseph Messner</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Weber</u>	14. NAME OF HUSBAND OR WIFE <u>Clara (Nee Debrecht)</u>
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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. <u>492-01-8991</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Messner, St. Charles, Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia -</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant Hypertension</u>		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Mar 29 1953, to Apr 1, 1953, that I last saw the deceased alive on Apr 1, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Nathuisella m S.</u>	23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>4/3/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cmty.</u>	24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-3-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. W. C. Gallmeyer & Son, St. Charles, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4005

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
Student Embalmer

Signed

Frank R Amalung

Licensed Embalmer No. *4839*

P. O. Address *St Charles, 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 this body is not embalmed, fact should be so stated above.