

FILED JUL 22 1957

STANDARD CERTIFICATE OF DEATH

State File No. 27059

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1652

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. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FENTON Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FENTON 4000</u>	
c. LENGTH OF STAY (in this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2 Box 531</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2 Box 531 FENTON Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>MESSMER</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28 1957</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JUNE 29 1879</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>ROUMANIA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>SIMON SCHNEIDER</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE MEYER</u>		14. NAME OF HUSBAND OR WIFE <u>MATT MESSMER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MATT MESSMER</u> ADDRESS <u>FENTON Mo</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>		<u>5 yrs</u>	
DUE TO (c) <u>Arthritis (osteo)</u>					
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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4200</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2-6, 1956, to 6-28, 1957, that I last saw the deceased alive on 6-1, 1957, and that death occurred at 8 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Eugene H. Edile M.D.</u> (Degree or title)		23b. ADDRESS <u>4971 Chippewa St.</u>		23c. DATE SIGNED <u>6-28-57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 1 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PK</u>	
				24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, Mo</u>	

DATE REC'D BY LOCAL REG. <u>7/1/57</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Daniels</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutas</u> ADDRESS <u>2906 Gravois</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wm S. Dill  
49971  
1-3  
PC 3 3770

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm S. Dill  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 4347

P. O. Address 2906 Dumas

**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.