

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

46118

STATE FILE NUMBER 12579

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | | | |
| b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN St. Louis, Mo. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hosp. | | | | Length of stay in 1b | | d. STREET ADDRESS 212 Elwood (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First Peter Middle John Last Messmer, Jr. | | | | 4. DATE OF DEATH Dec. 27, 1957 Month Day Year | | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Oct. 26, 1954 | |
| 9. AGE (In years last birthday) 3 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HRS. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | | | 10b. KIND OF BUSINESS OR INDUSTRY none | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | | | |
| 13. FATHER'S NAME Peter Messmer, Sr. | | | | 14. MOTHER'S MAIDEN NAME Catherine Brown | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service) no no | | | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT Peter Messmer Address St. Louis, Mo. 212 Elwood | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pneumonia acute Gastro-Enteritis Conditions, if any, which gave rise to above (b) due to stopping the under-lying cause (c) due to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days | |
| 20a. ACCIDENT <input 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.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 | | COUNTY STATE | |
| 21. I attended the deceased from Dec. 26, 57 and last saw him alive on Dec 27-57 Death occurred at 6:15 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) George A. O. Sullivan, M.D. | | | | 22b. ADDRESS 7629 Ivory Ave. | | 22c. DATE SIGNED 12-28-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 12-30-57 | | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery | | 23d. LOCATION (City, town, or county) (State) Lemay 23, Mo. | |
| 24. FUNERAL DIRECTOR Southern Funeral Home 6322 S. Grand, St. Louis, Mo. | | | | 25. DATE RECD. BY LOCAL REG. DEC 30 57 | | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | |

Dr. O'Sullivan

St Anthony Hosp

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 J. Farrow*
.....

Licensed Embalmer No. *424*

P. O. Address *St. Louis*

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.