

1 PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County

Township

or

Village

or

City *St. Louis Mo.* (No. *3954 Sullivan Ave.* St. *7* Ward)Registration District No. *791*File No. *30848*Primary Registration District No. *1003*Registered No. *8769*2 FULL NAME *Elizabeth K. Metten*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

*Female**white**Widow*

16 DATE OF DEATH

Sept 18 - 1918
(Month) (Day) (Year)

6 DATE OF BIRTH

6 8 865
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from

*Aug 20th, 1918, to Sept 18, 1918*that I last saw *h.a.h.* alive on *Sept 18, 1918*and that death occurred, on the date stated above, at *6: P.m.*

7 AGE

*53 yrs 3 mos 10 ds.*If LESS than
1 day.....hrs.
or.....min.?

The CAUSE OF DEATH* was as follows:

1188
Chronic Arteriosclerosis
6/18/18
6/18/18
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY

Gastritis
(Secondary)
(Duration).....yrs.....mos.....ds.(Signed) *David R. Overman, M. D.**Sept 20, 1918* (Address) *926 Maple Place*

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

Mo. Crematory DATE OF BURIAL *Sept 20, 1918*

20 UNDERTAKER

W. H. Hein ADDRESS *3432 Haystack*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Leona Sammerich*(Address) *3954 Sullivan Ave*

15 SEP 20 1918

Filed.....

Marlo Starkloff
Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

