

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

Do not use this space.

29141

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo (No. 2316 Palm St)..... St. Ward

File No.
Registered No. 8731
St. Ward

2. FULL NAME

Conrad A. Metzger

(a) Residence. No. 2316 Palm St, St. 20 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec - 29 - 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>54</u>	<u>9</u>	<u>-</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Knollmann
(c) Name of employer Paper Co

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Conrad Metzger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margarethe Rolden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs. Hammel
(Address) 2316 Palm St.

15. FILED Oct - 1 1927 Max C. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 19 27

17. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1927 to Sept 29, 1927 that I last saw him alive on 9-29-27, and that death occurred, on the date stated above, at 3:30 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy - cerebral hemorrhage

CONTRIBUTORY (SECONDARY) Hosp.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ok Dvert
IF NOT IN PLACE OF DEATH.....
Rep coroner

18. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

18. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. C. Chapin M.D.
9/30/27 (Address) 2302 Salesburg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Friedens DATE OF BURIAL Oct 2 19 27

20. UNDERTAKER Hy Leidner Hudler & Market &
ADDRESS 1417

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEATH RECORD

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