

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

Do not use this space

401 ⁴

PLACE OF DEATH

County Cape Girardeau
 Township 14
 City St. Robert (No. 1)

Registration District No. 125
 Primary Registration District No. 3009

File No. 1011
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Mr Robert A Metje
 (a) Residence No. 733 North Spanish St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 13th 1882</u>		
7. AGE <u>45</u>	YEARS <u>1</u>	MONTHS <u>18</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Stone mason & plasterer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

PARENTS	9. BIRTHPLACE (CITY OR TOWN) <u>Gardonsville</u> (STATE OR COUNTRY)
	10. NAME OF FATHER <u>Aug Metje</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Louise Osterkuchel</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)	
14. INFORMANT <u>Mrs Robert Metje</u> (Address) <u>733 N Spanish St</u>	
15. FILED <u>1-9 1928</u> <u>W Chausse</u> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1928
 17. I HEREBY CERTIFY That I attended deceased from Jan 1 1928 to Jan 6 1928 that I last saw him alive on Jan 6 1928, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
 (duration) 5 yrs. mos. da.
 CONTRIBUTORY (SECONDARY) 51
 (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Heart symptoms
 (Signed) Ed. Serlough, M. D.
 *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 Fairmont Cem DATE OF BURIAL 1-9th 1928
 20. UNDERTAKER Al Brinkhoff ADDRESS Cape Girardeau

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

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