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

Do not use this space.

8103

1. PLACE OF DEATH

County ..... Registration District No. 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1755

City St. Louis (No. Emerald City Hosp. St. ..... Ward)

2. FULL NAME Whitney I. Metzger

(a) Residence. No. 1108A Dolman St., 22 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Metzger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt 35		Unknown		

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) N.Y.

PARENTS

10. NAME OF FATHER Jno (Metzger) Metzger

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

12. MAIDEN NAME OF MOTHER Anna Whitney

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

14. INFORMANT Jessie Metzger
(Address) 1108A Dolman

15. FILED ..... 19.. Max C. Starkel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Shock & Injuries Body crushed by R.R. train in City (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) No Auto Involved Accident (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 209 G 209 M

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

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Keener M.D.

2/5, 1929 (Address) Dep. Coroner

*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	DATE OF BURIAL
Valhalla	Feb. 7 1929
20. UNDERTAKER	ADDRESS 604
M.H. Marshall Jr.	Union

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

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