

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

Do not use this space.

15943

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township St. Louis R. Heights

Primary Registration District No. 6248H

City St. Louis

(No. St. Mary's Hospital.)

File No. _____

Registered No. 108

St. _____

Ward _____

2. FULL NAME

Lucille Metz.

(a) Residence. No. 3620 Pennsylvania Ave.

Ward. St. Louis, Mo.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married.

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

4-25-1929

17.

I HEREBY CERTIFY, That I attended deceased from 4/13/29

....., 19....., to 4/25, 19.....
 that I last saw her alive on 4/24, 19..... and that
 death occurred, on the date stated above, at 8 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

129 B Hemolytic Streptococcus Meningitis

79 A

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY)

Pelvic abscess

(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 4-8-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Walter M. Jones, M. D.

4/26, 1929 (Address) 3400 Meramec

*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.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Texas.

10. NAME OF FATHER

Alviah Bryant.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Dont Know.

12. MAIDEN NAME OF MOTHER

Dont Know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Dont Know.

14.

INFORMANT W.A. Metz

(Address) 3620 Pennsylvania Ave.

15.

FILED 4/26

19 29

B. L. Jensen
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

SS. Peter & Paul Cemetery

Apr. 27 19 29

20. UNDERTAKER

ADDRESS

J. H. Gebken & Co.

2842 Meramec

23
96
20
6

55

1.

requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

108

Name: Lucille Metz

Who died at: Richmond Heights Mo. April 25, 1929

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Haemolytic Streptococcus Meningitis

Contributory: Pelvic Abscess - Microscopic test did not show Gb in condition. Unable to state origin of abscess.

Where was disease contracted? _____

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Chhisi-5