

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

Julius Bitter  
Do not use this space.  
**25221**  
File No. \_\_\_\_\_  
Registered No. **7447**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1008**  
City **St. Louis, Mo.** (No. **Alexian Bros Hospital**) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

**Michael Metzger**  
(a) Residence. No. **23 So Taylor** St., **18** 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 **married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna Metzger**  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 23-1874**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**56 0 0**  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Barber**  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Hungary**  
10. NAME OF FATHER **Peter Metzger**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**  
12. MAIDEN NAME OF MOTHER **Evel Duret**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

14. INFORMANT **Anna Metzger**  
(Address) **23 So Taylor**

15. FILED **24 1937** **M. C. Bartlett** REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **7-23 1937**  
17. I HEREBY CERTIFY, That I attended deceased from **7/3** 19**37** to **7/25** 19**37** that I last saw h. **in** alive on **7-23** 19**37** and that death occurred, on the date stated above, at **8:00 P.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Ruptured Esophageal Vein**  
**1247** (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. **1** ds.  
**116A** **Pemphigus fever.**  
CONTRIBUTORY (SECONDARY) (duration) **3** yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH **23 So Taylor**

DID AN OPERATION PRECEDE DEATH? **No.** DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? **Yes.**

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) **Julius Bitter** M. D.  
(Address) **2403 Clarke St.**

\*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 **Valhalla Crematory** DATE OF BURIAL **7/25-1937**  
20. UNDERTAKER **Wreck Bros 2201 So Grand** ADDRESS

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.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....

Registration District No. 991

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. 7447

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

**2. FULL NAME**

Michael Metzger

(a) Residence. No. .... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M  
(write the word)

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

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

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

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

**14.**

INFORMANT (Address)

**15.**

FILED

SEP 29 1930

*Miss C. Starker*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/23 1930

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

Ruptured Esophageal Vein from Alcoholic Burial of ~~Brain~~ information given over phone by whif. Potter

CONTRIBUTORY SECONDARY 1st of U.S. 9-19-30 (duration) mos. ds.

18. WHERE WAS DISEASE CONTRAILED IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D. , 19 (Address)

\*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

20. UNDERTAKER ADDRESS

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

1252-5