

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1008**  
 City **St. Louis, Mo.** (No. **3408a**, Wyoming) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. **37477**  
 Registered No. **10553**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Lena Metz

(a) Residence, No. 3408a Wyoming St. 16 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<br><u>Female</u>   |  | 4. COLOR OR RACE<br><u>White</u> |        | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>Widowed</u> |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>(late) Chas. Metz</u>  |  |                                  |        |  |  |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 29, 1842</u>   |  |                                  |        |  |  |
| 7. AGE  |  | YEARS                            | MONTHS | DAYS   | IF LESS than 1 day, ..... hrs. or ..... min. |
|   |  | <u>88</u>                        |        | <u>8</u>   |  |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work..... <u>none</u><br>(b) General nature of industry, business, or establishment in which employed (or employer).....<br>(c) Name of employer..... |  |                                  |        |  |  |

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

|         |   |
|---------|---|
| PARENTS | 10. NAME OF FATHER <u>R. Rankl</u>  |
|         | 11. BIRTHPLACE OF FATHER (CITY OR TOWN).....<br>(STATE OR COUNTRY) <u>Germany</u> |
|         | 12. MAIDEN NAME OF MOTHER <u>Unknown</u>  |
|         | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....<br>(STATE OR COUNTRY) <u>Germany</u> |

14. INFORMANT Josephine Boyle  
 (Address) 3408a Wyoming St

15. FILED 7-195 May C. Stank  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6 1930

17. HEREBY CERTIFY, That I attended deceased from Oct 25, 1930, to Nov 6, 1930, that I last saw him alive on Nov 6, 1930, and that death occurred, on the date stated above, at 3 A m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Cerebral hemorrhage

**CONTRIBUTORY (SECONDARY)**

arterio-sclerosis  
 (duration) 1 1/2 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? physical exam.  
 (Signed) Eugene A. Vogel, M. D.  
11/6, 1930 (Address) 3132 Cherokee

\*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<br><u>St. Hope Cemetery</u> | DATE OF BURIAL<br><u>Nov. 8, 1930</u> |
| 20. UNDERTAKER<br><u>Southern</u>                                      | ADDRESS<br><u>6320 S. Grand.</u>      |

WRITE PLAIN INK WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. J. P. ...

#210 Cherokee