

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

Do not use this space.

15540

1. PLACE OF DEATH
County St. Louis Registration District No. 796
Township Central Primary Registration District No. 6033
City Clayton (Ward) St.

2. FULL NAME Wilhelmina Metz Bonhomme & Price
(a) Residence No. Clayton R.R. 2 St. St. Ward St.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. - mos. - da. How long in U.S., if of foreign birth? 81 yrs. - mos. - da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED OR DIVORCED MARRIAGE (or) WIFE OF Louis Metz (deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
87 1 11

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

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

10. NAME OF FATHER (?) Finert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mich. Finert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Daughter, Mrs Metz -
(Address) Clayton R.R.

15. FILED April 21 1931 K. W. Sullivan
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19, 1931

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1931, to April 18, 1931, and that I last saw h. alive on April 18, 1931, and that death occurred, on the date stated above, at 5:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Progress to Myocarditis Chronic
736
1074 (duration) 0 yrs. - mos. - da.

CONTRIBUTORY (SECONDARY) Myocarditis Chronic
(duration) ? yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED? at place of death
NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF L
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Shast. H. Sonberger, M.D.
419, 1931 (Address) 1156 N. 5 Road

*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 Zions Cem Clayton DATE OF BURIAL Apr 22 1931

20. UNDERTAKER Sch. der U.C. Ballerino
ADDRESS

WRITE PLAINLY, 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.

MAY 27 1931

