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

Do not use this space.

26188

1. PLACE OF DEATH
County St Louis
Township CARONDELET
City
Registration District No. 1123
Primary Registration District No. 6248 E
(No. 123, Weiss Ave St. Ward)
File No.
Registered No. 256

2. FULL NAME George Metzger
(a) Residence. No. 123 Weiss Ave 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21, 1854.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
77	2	15	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsace-Lorraine

PARENTS
10. NAME OF FATHER: Jacob Metzger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Chas. Metzger
(Address) 123 Weiss Av. St Louis Co. Mo.

15. FILED July 8, 1931 L. C. Obrock REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1931

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to July 6, 1931, that I last saw him alive on July 6, 1931, and that death occurred, on the date stated above, at 12.20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
131
82 A (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
0 131
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. W. Peters, M. D.
July 6, 1931 (Address) 601 Missouri Bldg

*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: St Trinity Lutheran Cem
DATE OF BURIAL: 7/10 1931

20. UNDERTAKER: C. Hoffmeister U. L. Co.
ADDRESS: 7814 S. Broadway

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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