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.

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

Do not use this space.
37944

1. PLACE OF DEATH

County..... Registration District No. 7-31 St. Louis City

Township..... Primary Registration District No.....

City St. Louis, Mo. (No. 4121 N 22nd St. St. ..... Ward)

File No.....
Registered No. 10659

2. FULL NAME Barbara Metzger

(a) Residence. No..... St., 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. ~~If Married, Widowed, or Divorced~~ HUSBAND OF ~~(OR) WIFE OF~~ Lambert Metzger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10th 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	1	19	

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) At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) 21

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Kathryn Metzger
(Address) 4121 No 22nd St.

15. FILED DEC -2 1932 Mary C Starbel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 29 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932, to Nov 29, 1932, that I last saw h. alive on Nov. 29, 1932, and that death occurred, on the date stated above, at 1 46 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
100
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) 108
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. Kleinschmidt, M. D
11/30, 1932 (Address) 520 Metropolitan 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 S. S. Peter and Paul Cem. — DATE OF BURIAL Dec 3 1932

20. UNDERTAKER Wm J. Robert & Bro. — ADDRESS 1905 S. Grand