

NOV 13 1934

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

Do not use this space.

37564

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary/Registration District No. **100:8**  
City **St. Louis, Mo.** (No. **De Paul Hospital**) St. .... Ward)

File No. ....  
Registered No. **10010**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. **1724 N. 26th** St., **26** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF **Wife of Andrew**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 15<sup>th</sup> 1864**

7. AGE YEARS **70** MONTHS **5** DAYS **27** If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House wife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **Carl Metzger**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Catherine Weir**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Jos. R. Knapp** (ADDRESS) **3051 Phlox Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Galveston** DATE **Oct 15<sup>th</sup> 1934**

19. UNDERTAKER **Aug Brookland & Co** (ADDRESS) **1421 N. 9th**

20. FILED **10** 19 **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 12<sup>th</sup> 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 3, 1934** to **Oct 12, 1934**  
I last saw him alive on **Oct 12, 1934**. Death is said to have occurred on the date stated above, at **9:30 A.M.**

The principal cause of death and related causes of importance were as follows:

**APR carcinoma left lung - metastatic**

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify .....

(Signed) **Frank B. ...** M. D.  
(Address) **3701 ...**

WRITE PEANUT, 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.

