

MAR 12 1936

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

Do not use this space.

8453

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City St LouisNo. Home

File No. ....

Registered No. **2135**

St. ....

Ward) .....

2. FULL NAME Nyman or Herman Metzner(a) Residence, No. 5080 St. CatesWard. 12

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds.How long in U. S., if of foreign birth? 32 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Metzner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 19-1880</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>2</u>
	DAYS <u>6</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Jobber</u>	11. Total time (years) spent in this occupation <u>25</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>mens apparel</u>	
10. Date deceased last worked at this occupation (month and year) <u>2-25-36</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mitau Germany</u>		
MOTHER	13. NAME <u>Louise Ella Metzner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indau Germany</u>	
	15. MAIDEN NAME <u>Unkown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mitau Germany</u>		
17. INFORMANT <u>Harry Metzner</u> (ADDRESS) <u>5080 Cates</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cherokh Kadishates Feb 21 '36</u>		
19. UNDERTAKER <u>Cherokh Kadishates Funeral Home</u> (ADDRESS) <u>4467 Washington</u>		
20. FILED <u>FEB 27 1936</u> <u>J. T. Bredeck</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Physician on attendance, 19....., to 19....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11:25 a.m.

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

Date of onset

Edema of Lungs  
Chronic Myocarditis  
Chronic Interstitial Nephritis

Other contributory causes of importance:  
Asteris Sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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?  
If so, specify.....  
(Signed) J. T. Bredeck, M.D.  
(Address) St. Louis, Mo.

4/27/36  
J. T. Bredeck  
Registrar.

