

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.

MAY 7 1936

791

17094

1. PLACE OF DEATH

County

Registration District No. 1003

Township

Primary Registration District No.

City St. Louis City

(No. 4500, Shenandoah

File No.

Registered No. 3848

St. Ward)

2. FULL NAME Key Metzner

(a) Residence, No. 4500 Shenandoah St., 17 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Henry Metzner, deceased

22. I HEREBY CERTIFY, That I attended deceased from you, 1935, to April 7, 1936

I last saw her alive on April 7, 1936. Death is said to have occurred on the date stated above, at 2 P. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-21-1868

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

67

10

17

Date of onset 6-23-35

OCCUPATION

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

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

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

Other contributory causes of importance: Carcinoma of Kidney

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Indiana

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

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

MOTHER FATHER

13. NAME Henry Herschelmann

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

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

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.

17. INFORMANT Vivian Wood (ADDRESS) 4500 Shenandoah Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Missouri Crematory DATE 4-9-36

19. UNDERTAKER This J. Sullivan (ADDRESS) 1519 S. Grand Blvd.

20. FILED APR 8 1936 J. F. Bredeck Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert Drake, M. D.

(Address) 3702 Gravois

