

JAN 20 1937

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

Do not use this space.

791
1003

43262

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. City Hospital No. 1) St. 12 Ward (If nonresident, give city or town and State)

File No.
Registered No. 11844
Ward

B. 2. FULL NAME Frank Mettinger

(a) Residence, No. 5100 Enright St. 12 Ward. (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Anna Mettinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ?

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 43 7 - -

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

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) ?

13. NAME Frank Mettinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Ill

15. MAIDEN NAME Minnie Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Hosp. Info. M.H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Cafery Cem. DATE Dec 2, 1936

19. UNDERTAKER (ADDRESS) Allen H. McLaughlin 23 St. Lafayette

20. FILED DEC 1 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/29/36, 1936, to 11/30/36, 1936.

I last saw him live on 11/30/36, 1936. Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Mediastinitis Acute non-tubercular

Other contributory causes of importance:

1146

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 1936

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 William S. Sriederwald M. D.

(Signed) William S. Sriederwald M. D. (Address) City Hospital No. 1

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.

