MAY 20 1937

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

Do not use this space.

1. PLACE OF DEATH

37 County Gasconade — Registration District No. 386 — File No. 16296

Township Boeuf — Primary Registration District No. 5424 — Registered No. F4

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Charles William Metzger

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Paulina Metzger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 23, 1857

7. AGE: 80 — YEARS: 80 — MONTHS: 2 — DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Swiss Mo

FATHER

13. NAME: David Metzger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unkown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. W. L. Maupin RFD Hermann, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Swiss Evang DATE 5/1/37, 19

19. UNDERTAKER (ADDRESS): Hugo Blumer Hermann, Mo

20. FILED 4-29, 1937 John Engelbrecht Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1937, to Apr. 27, 1937. I last saw him alive on Apr. 26, 1937. Death is said to have occurred on the date stated above, at 7:10 P. m.

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

Cerebral apoplexy — Date of onset 4-21-1937

82a

Other contributory causes of importance: Acute bronchitis none tubercular

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

What test confirmed diagnosis? Physical — Was there an autopsy? No

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) John Engelbrecht, M. D.

(Address) Stanyhill, Mo

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.