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

Do not use this space.

1. PLACE OF DEATH JUN 12 1937

County St. Louis — Registration District No. 791

Township — Primary Registration District No. 1003

City St. Louis — (No. Missouri Baptist Hospital St. Ward)

File No. 18239

Registered No. 4815

2. FULL NAME Ernest A. Metzger

(a) Residence, No. 3930 Westminster St., 19 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
63	8	24	

OCCUPATION

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

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) Feb. 1937 — 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Ill.

FATHER

13. NAME George Metzger

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

MOTHER

15. MAIDEN NAME Johanna Wolf

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

17. INFORMANT (ADDRESS) E. A. Metzger Belleville, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville, Ill. DATE Apr. 14, 1937

19. UNDERTAKER (ADDRESS) M. F. Schwarz O'Fallon, Illinois

20. FILED MAY 11 1937 J. B. Gedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1937, to April 5, 1937

I last saw h alive on April 5, 1937. Death is said to have occurred on the date stated above, at 4.04 P. M.

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

	Date of onset
Cerebral apoplexy	3/31/37

Other contributory causes of importance:

Chronic Myocarditis with decompensation

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

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) H. F. Bergmann, M. D.

(Address) 3720 W. Washington

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.