REC'D MAR 23 1938

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

Do not use this space.

8019

File No.
Registered No.

1. PLACE OF DEATH
County St Charles
Township Cuivre
City Flint Hill (No. St. Ward)
Registration District No.
Primary Registration District No. 6179

2. FULL NAME Joseph Mette
(a) Residence No. 300 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 55 yrs. 11 mos. 4 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) Single
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5 - 1882
7. AGE Years 56 Months 11 Days 4 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Flint Hill Mo.

FATHER
13. NAME Bernard Mette
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Germany

MOTHER
15. MAIDEN NAME Josephine Koltoff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Germany

17. INFORMANT (ADDRESS) Henry Mette Flint Hill Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Flint Hill DATE Feb 12 1938
19. UNDERTAKER (ADDRESS) E. Pitman Wentzville, Mo.
20. FILED 2/24 1938 Gertrude E. Foristel Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 9th 1938, to Feb 9th 1938
I last saw him alive on Feb 9 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 2/9/38 |
| apoplexy | |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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) M. D. Clausenbach, M. D.
(Address) Wright City 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.