AUG 22 1938

REC'D SEP 9 1938

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

30042

Do not use this space.

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.

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 784

(b) Township ~~Bonhomme~~ — Primary Registration District No. 116 — Registered No. 1394

(c) City ~~St. Louis County~~ Valley Pk — (d) Street No. Marshall Rd west of Valley Park St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Edward R Metz

(a) Residence, No. 1118 Graham Ave St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 1914

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
23	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck driver

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

10. Date deceased last worked at this occupation (month and year) Until death

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER

13. NAME Louis Metz

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

MOTHER

15. MAIDEN NAME Emma Streich

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

17. INFORMANT Louis Metz (ADDRESS) 1118 Graham Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 8 24 38 19

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary (ADDRESS) 4228 So. Kinghighway Blvd

20. FILED AUG 22 1938 19 T R Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 38 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.30 PM

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

	Date of onset
Automobile accident. Struck by "hit & run" automobile while a pedestrain on a public highway.	8/20/3
Other contributory causes of importance:	
Fracture of the skull	8/20/3

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

What test confirmed diagnosis physical signs Was autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8/20/38

Where did injury occur? near Valley Park Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Struck by auto

Nature of injury Fracture of the skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John O'Connell, M. D.

Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Louis H Bopp ....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.