REC'D JAN 11 1939

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

791

41313
Do not use this space.

1003

11005

1. PLACE OF DEATH

(a) County ..... Registration District No. 2

(b) Township ..... Primary Registration District No. ..... Registered No. 11005

(c) City St. Louis (d) Street No. 3132 Lafayette 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 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth 33 yrs. mos. ds.

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2. PRINT FULL NAME Elizabeth Mettler

(a) Residence, No. 3132 Lafayette St. 17
(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: Female
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: Thomas Mettler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 9 1866

7. AGE: YEARS 72 MONTHS 10 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. housewife
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): Hungary 7

FATHER
13. NAME: Adam Brueck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary 7

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary 7

17. INFORMANT (ADDRESS): Thomas Mettler 3132 Lafayette Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE 12-24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Witt Bros. L & N Co 2929 S. Jefferson Av

20. FILED DEC. 23 1938 J. F. Brueck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/8/38, 19..., to 12/21/38, 19...
I last saw her alive on 11/25/38, 19... Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	11/25
Post Operative Embolus	12/21

Other contributory causes of importance:
Senility

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Name of operation: Drain appendix Date of 11/28/38
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) Walter H. Hoefer M.D.
(Address) 1700a Tower Grove

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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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, Paul A. Shanklin, or by .....

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

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 29298 Jefferso

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

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