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

FEB 12 1940

6566
Do not use this space.

1. PLACE OF DEATH
(a) County Gasconade Registration District No. 306
(b) Township Boeuf Primary Registration District No. 5424 Registered No. 3
(c) City (d) Street No. 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 80 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

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2. PRINT FULL NAME PAULINA AMELIA METZGER
(a) Residence, No. Hermann, Missouri RFD 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1859

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Awf
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 2/40 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) Stony Hill (STATE OR COUNTRY) Missouri

FATHER
13. NAME John Frederick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Charlotte Kaiser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Ida Maupin (ADDRESS) Hermann, Missouri RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wise Evang. Cem. DATE 2/18/40, 19

19. FUNERAL DIRECTOR (NAME) Hugo H. Blumer (ADDRESS) Hermann, Mo

20. FILED 2-17- 1940 John Engelbrecht, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1940, to Feb. 16, 1940
I last saw h. alive on Feb. 16, 1940. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2/11/40

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Stethoscope 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) A. A. Jutz, M. D.
(Address) Hermann, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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

X16609

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; or by.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed Hugo H. Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

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.