DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27046

Registration District No. 791 FILED 7 1941

Primary Registration District No. 1003

Registrar's No. 6838

1. PLACE OF DEATH:
(a) County FILED SEP 17 1941
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2563 W. Hebert
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 38 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2563 W. Hebert
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME ANNA METZ
3. (b) If veteran, name war
3. (c) Social Security No. 489-10-7611
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased AUG (Month) 18 (Day) 1903 (Year)

8. AGE:	Years	Months	Days	If less than one day
38	38	—	3	hr. min.

9. Birthplace ST. LOUIS. (City, town, or county) O Mo (State or foreign country)
10. Usual occupation WRAPPER (Cake Co)
11. Industry or business
FATHER
12. Name Fred Metz
13. Birthplace (City, town, or county) F Germany (State or foreign country)
MOTHER
14. Maiden name Anna Dickman
15. Birthplace St Louis (City, town, or county) O Mo (State or foreign country)
16. (a) Informant's own signature Louise Metz
(b) Address 2563 W. Hebert
17. (a) (Burial, cremation, or removal) (b) Date thereof Aug 25. 41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Meek + Dickman
(b) Address 3039 Caston
19. (a) AUG 22 1941 (Received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1941 hour 6 P minute 30 P.M.
21. I hereby certify that I attended the deceased from 1 ..... 1938, to 8-21 — 1941 that I last saw h 92 alive on 8-21-41, 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Adams Stokes Syndrome Complete Bradycardia.
Due to i.e. pulse 20/min. B.P. 240/110
Due to
Other conditions —
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
(Specify type of place)
While at work? — (e) Means of injury —
23. Signature Harvey E. Altheide M.D. (M. D. or other) Fed
Address 4104 S. St Louis Av. Date signed 8-22-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.
REV. 5-17-39 1 X19511

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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.

S. No. 2B
M—8-21-41
I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STANDARD CERTIFICATE OF DEATH

State File No. 27046

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6838

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Mitz
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director
(b) Address
19. (a) 10-2-41 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. Day 24 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY