

BUREAU OF THE CENSUS
FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36106

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 2129

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 340 Hazel Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th
year 1941 hour 3:30 minute A.M. M.
21. I hereby certify that I attended the deceased from June 1
1941 to Oct 19 1941;
that I last saw him alive on Oct 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cancer of Bladder Duration 2yr
Due to Cancer of Lung 3mo
Due to 52hr
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? _____ Means of injury _____
23. Signature Carl C. [unclear] M.D. or other) _____
Address Webster Groves Date signed 10-20-41

3. (a) PRINT FULL NAME William G. Metzinger

3. (b) If veteran, name war None 3. (c) Social Security No. 494-05-0532

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie Metzinger 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Nov. 16th 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>11</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Representative of

11. Industry or business Tanglefoot Co.

12. Name William Jacob Metzinger

13. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Beeson

15. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jennie Metzinger

(b) Address 340 Hazel Ave.

17. (a) Burial (b) Date thereof 10-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 20 1941 (b) C. H. M. [unclear]
(Date received local registrar) (Registrar's signature)

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

1-23-30
TMM

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.....
Edwin M. Hermit

Licensed Embalmer No. 3024

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, fact should be so stated above.