S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

30204

State File No.

FILED OCT 13 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8628

**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:
City Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25yrs 3mo 5ds (Specify whether
In this community 26 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County MO

(c) City or town St. Louis 13 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5400 Arsenal 9
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country Turkey 0

3. (a) PRINT FULL NAME JAMES METLINIOUS

3. (b) If veteran, name war -

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

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 unknown (Month) ? (Day) 1898 (Year)

8. AGE: Years 45 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Turkey (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal

17. Austonical Board (Burial, cremation, or removal) (b) Date thereof 9-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington V.

18. (a) Signature of funeral director W. Rutter
(b) Address 3800 Rutgers St

19. (a) SEP 30 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sep't day 19
year 1943 hour 4:55 minute A. M.

21. I hereby certify that I attended the deceased from July 1, 1936, to Sep't 19 1943;
that I last saw him alive on Sep't 19 1943;
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Congestive Heart Disease | 7-20-43 |
| Arteriosclerotic Hearts Disease | 5yr X |

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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 Walter L. Moore, MD (M. D. or other) MD

Address 5400 Arsenal St. Date signed 9-20-43

(Licensed Embalmer's Statement on Reverse Side)

8628

## 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.....

Licensed Embalmer No.....

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.**