

FILED JAN 3 1948
Registration District No. 3448

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7320 Eugene Avenue /
(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

3. (a) PRINT FULL NAME BARBARA METTER.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, married, divorced, Married

6. (b) Name of husband or wife Edward F. J. Metter

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 9 1870.
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Mohrhouse

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

14. Maiden name Mary Morrell

15. Birthplace Dont know
(City, town, or county) (State or foreign country)

16. (a) Informant Edward F. J. Metter

(b) Address 7320 Eugene Avenue

17. (a) Burial (b) Date thereof 12/23/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken - Tony Metter

(b) Address 2842 Meramec Street.

19. (a) DEC 22 1948 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 7320 Eugene Avenue
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1943 hour 7 minute 7.45 A. M.

21. I hereby certify that I attended the deceased from Jan 3 1943 to Dec 21 1943
that I last saw her alive on Dec 20, 43 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic Myocarditis Duration Chronic

Due to Arteriosclerosis Duration Chronic

Other conditions Large Coronary Artery 16 yrs
(Include only those within 7 months of death) Non-malignant PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature J. F. Bredbeck (M. D. or other) _____

Address 770 Date signed 12/24/43

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.....

Joe S Benz

Licensed Embalmer No. 4249.....

2842 Meramec Street.....

P. O. Address..... St. Louis, 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, fact should be so stated above.