

FILED FEB 7 1944
Registration District No. 277

Primary Registration District No. 6076

Registrar's No. 228

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 700 days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3712 Bambarger
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME VIOLA METZ

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

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Charles Metz 6. (c) Age of husband or wife if alive. 40 years
7. Birth date of deceased. July 13, 1907
(Month) (Day) (Year)

8. AGE: Years 36 Months 5 Days 25 If less than one day hr. min.

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

10. Usual occupation Saunawife

11. Industry or business

12. Name Richard Thome 11
13. Birthplace Ludwig Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Straff
15. Birthplace St. Louis mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Koch Hosp. Records
(b) Address Koch, mo.

17. (a) Burial (b) Date thereof Jan 12 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter's Paul

18. (a) Signature of funeral director Carol Hoffmeister
(b) Address 4016 Chippewa

19. (a) JAN 20 1944 (b) J. McHaven, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1944 hour 10:30 minute 12 P. M.
21. I hereby certify that I attended the deceased from 2-3 1944 to 1-8 1944
that I last saw her alive on 1-8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration 5 yrs and 11 mos (?)

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

Major findings: 1361
Of operations
Of autopsy Conforms above
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Bernard Friedman (M. D. or other) M.D.
Address Koch Hosp, Koch, mo. Date signed 1-9-44

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

96
00

707

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

Ernest W. Spillars

Licensed Embalmer No.

4080

P. O. Address

3836 Botanical

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.