S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1944

Registration District No. 13/1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 38832

Registrar's No. 2427

1. PLACE OF DEATH:

(a) County St. Louis.

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

(c) Name of hospital or institution:
7150 Princeton 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 Missouri. (b) County .....

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

(d) Street No. 7150 Princeton Ave.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Will Joseph Metzger

3. (b) If veteran, name war World War One

3. (c) Social Security No. 488-07-3314

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mayme Catherine

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

7. Birth date of deceased Feb. 6. 1888 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	9	15	..... hr. ..... min.

9. Birthplace Winchester. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business American Packing Co.

FATHER
12. Name Lambert Metzger
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Muench.
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm. Metzger
(b) Address 7150 Princeton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24. 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bensieck Niehaus
(b) Address 1431 Union Blvd.

19. (a) NOV 27 1944 (Date received local registrar) (b) E. G. McGovran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1944 hour 9 minute — A M.

21. I hereby certify that I attended the deceased from July 20, 1940 to Nov. 21, 1944, that I last saw him alive on Nov 20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	6 MO
Due to Coronary Occlusions	7 yrs
Due to	
Other conditions Nefrosis (Include pregnancy within 3 months of death)	2 wks

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 E. Lee Shrader (M. D. ~~or other~~)
Address 3720 Washington Date signed 11/21/44

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1945

DEC 13 1944

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. 2915

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.