U. S. No. 2
00M—2-43
Rev. 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

FILED JUL 28 1945

State File No. 22300

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6246

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: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4253 Holly Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary R. Metz

3. (b) If veteran, name war

3. (c) Social Security No. 492-05-0712

4. Sex Female 1 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Louis F. Metz

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

7. Birth date of deceased December (Month) 7 (Day) 1872 (Year)

8. AGE: Years 72 | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Herzog
13. Birthplace (City, town, or county) France 5 (State or foreign country)

MOTHER 14. Maiden name Caroline Weiss
15. Birthplace (City, town, or county) Switzerland 5 (State or foreign country)

16. (a) Informant Louis J. Metz
(b) Address 4253 Holly Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge

19. (a) JUL 19 1945 (Date received local registrar) (b) J. F. Meredith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1945 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from 7-11, 1945 to 7-17, 1945 and that I last saw her alive on 7-17, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Chronic Interstitial Nephritis

Due to

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 (e) Means of injury

23. Signature T. D. Dayer (M. D. or other) 0
Address 4950 Lindell Date signed 7-18-45

(Licensed Embalmer's Statement on Reverse Side)

SEP 6 1943

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 Ben E. Hoffman

Licensed Embalmer No. 4366

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.