

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

661

State File No. \_\_\_\_\_  
942  
Registrar's No. \_\_\_\_\_

FILED FEB 13 1946

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County 2706 ARSENAL  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution 2706 Arsenal St  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME MARGARET METZGER  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased AUGUST 17 1865  
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 11  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name JOHN TURK

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

14. Maiden name BARBARA MILLER

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

16. (a) Informant MRS J. C. METZGER  
(b) Address 3664 2 CONNECTICUT

17. (a) BURIAL (b) Date thereof JAN. 30 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD. S.S. PETER PAUL

18. (a) Signature of funeral director J. F. Bredeck  
(b) Address 2906 GRAY OIS

19. (a) JAN 29 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(d) Street No. 2706 ARSENAL  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JAN. day 28  
year 1946 hour 2 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from JANUARY 1 1946 to JANUARY 28 1946  
that I last saw h. e. alive on JANUARY 27 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: CHRONIC MYOCARDITIS Duration 6 mo

Due to ARTERIO-SCLEROSIS 6 years

Due to \_\_\_\_\_  
Other conditions BRONCHITIS ACUTE  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
23. Signature Julius Chas. Roller (M. D. or other) M.D.  
Address 3603 CHEROKEE Date signed 1-28-46

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

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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.....

.....  
working under my personal supervision.

Signed.....

Registered Apprentice No.....

*David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *2906 Garvin*

**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.**