

FILED MAY 13 1946
Registration District No. 128

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town S. Campbell Twp, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs, 5 mos, 4 days
(Specify whether years, months or days)
In this community 2 yrs, 5 mos, 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Louisiana (b) County Orleans
(c) City or town New Orleans
(If outside city or town limits, write "RURAL")
(d) Street No. 2026 North Claiborne Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Metzler, Wilfred #4466-H

3. (b) If veteran, name war U.N.K. 3. (c) Social Security No. U.N.K.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marguerite Metzler 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased June 3, 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 39 10 18 hr. min.

9. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Iron Worker and Laborer

11. Industry or business Shipyard

12. Name Charles Metzler
13. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name Alice Locost
15. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant File
(b) Address MCEP
17. (a) Removal (b) Date thereof April 22, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation: New Orleans, Louisiana.

18. (a) Signature of funeral director Fred O. Thieme

(b) Address Springfield, Mo.

19. (a) 4-22-46 (b) W. Hubbard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1946 hour 3:15 minute A.M.

21. I hereby certify that I attended the deceased from November 17
1943, to April 21, 1946;
that I last saw him alive on April 21, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary Duration
far advanced, Bilateral with cavitation
7 yrs.

Due to

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?

While at work? (Specify type of place) (a) Means of injury.....

23. Signature E. W. Morehead (M. D. STATE)
Address Medical Center for Fed. Pris Date signed 4/24/46

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

MAY 20 1946

MAY 21 1946

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 Ralph N. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.

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