

S. No. 2
DOM-5-43
Rev. 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

State File No. **15008**
Registrar's No. **3780**

FILED MAY 2 1946
Registration District No. **318**

Primary Registration District No. **1003**

13903
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Jewish Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 days**
In this community **Same**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Loudine Metros**

3. (b) If veteran, name war **No.**

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 **Gus**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **March 20-1897**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day,
49	I	4	hr. min.

9. Birthplace **Mt. Carmel Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At. Home**

12. Name **Samuel C. Seagraves**

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

14. Maiden name **Josephine Farrell**

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

16. (a) Informant **Gus Metros**

(b) Address **1904 Delmar**

17. (a) **removal** (b) Date thereof **4-24-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or **Anna Edwardsville Towspt.**

18. (a) Signature of funeral director **Frank McLean**

(b) Address **Granite City Illinois**

19. (a) **APR 25 1946** (Date received local registrar)
J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Madison 999**

(c) City or town **Granite City**
(If outside city or town limits, write "RURAL")

(d) Street No. **1904 Delmar**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No) **2**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **24th**
year **1946** hour **3:05** minute **PM**

21. I hereby certify that I attended the deceased from **Apr 10, 1946 to Apr 24, 1946**
that I last saw **ex** alive on **Apr 24, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Pulmonary Oedema** Duration **10 min**

Due to **PARTIAL Intestinal obstruction** **2 day**

Due to **Lactic**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **309**

Of autopsy **Pulmonary Oedema Intestinal Obstruction**

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 **P. D. Stahle** (M. D. **0**)
Address **462 N. Taylor** Date signed **4/24/46**

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..... *Charles E Mercer*

..... Licensed Embalmer No. *2988*

P. O. Address *Hamlet city Ill*

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.