

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18710

State File No. 4417
Registrar's No. 12

Registration District No. 214

Primary Registration District No. 1003

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 Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 7 days
years, months or days)

3. (a) PRINT FULL NAME GLORIANNA METZ

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 Single
6. (b) Name of husband or wife 8. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 2 1930
(Month) (Day) (Year)

8. AGE: Years 15 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

12. Name Albert Metz
13. Birthplace Fulton (City, town, or county) Mo (State or foreign country)
14. Maiden name Jane Willard
15. Birthplace Oxley (City, town, or county) Mo (State or foreign country)

16. (a) Informant Jane Metz
(b) Address Poplar Bluff Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-46
(Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Green-Coy-Fitch

(b) Address Poplar Bluff Mo

19. (a) MAY 16 1946 (b) J. F. Bradshaw
(Date received local health officer's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Quin
(If outside city or town limits, write "RURAL") NR
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1946 hour 10 minute 30 a. m.

21. I hereby certify that I attended the deceased from May 8, 1946 to May 15, 1946
that I last saw h. gr alive on May 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration

Due to Brain tumor, left (thalamus)
probably malignant

Due to

Other conditions Gastro ulcer secondary
(Include pregnancy within 3 months of death)
to thalamic tumor

Major findings: Thalamic brain tumor

Of operations
Of autopsy As above

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 FR Bradley (M. D.)
Address Barnes Hospital Date signed 5/15/46

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

FILED

MAY 29 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 Ronald Yalinski

Licensed Embalmer No. 3881

P. O. Address St Louis 8 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.