

STANDARD CERTIFICATE OF DEATH

State File No. **22022**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5490**

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

1. PLACE OF DEATH:

(a) County **St. Louis Mo**
(b) City or town **St. Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Carrie Elligson Geitner Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **000**
(c) City or town **St. Louis** **1517**
(If outside city or town limits, write "RURAL")
(d) Street No. **5000 So. Broadway** **9**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Dora Metschke**

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

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

6. (b) Name of husband or wife **Herman** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec 4 1862**
(Month) (Day) (Year)

8. AGE: Years **84** Months **6** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **Housework**

11. Industry or business **at Home**

MOTHER FATHER { 12. Name **William Wagner** **4**

13. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

14. Maiden name **Barbara Huber**

15. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Herman G Metschke**

(b) Address **5000 So. Broadway**

17. (a) **Burial** (b) Date thereof **6 20 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Kriegshausner**

(b) Address **4228 So. Kingshighway**

19. (a) **JUN 20 1946** (b) **J. F. Boreck**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18** year **1946** hour **12.30** PM minute _____ M.

21. I hereby certify that I attended the deceased from **June 9** 19**46**, to **June 18** 19**46**, that I last saw her alive on **June 18** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia** Duration **14 days**

Due to **Myocarditis, Chronic**

Due to **Atherosclerosis**

Other conditions **93**
(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) (e) Means of injury _____

23. Signature **J. C. Herschneider** (M. D. or dentist)

Address **5000 S Broadway** Date signed **6/19/46**

20851

Dr Henke
3109 So. Grand

6-8

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 Edwin D McResy

Licensed Embalmer No. 3024

P. O. Address.....

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.