

S. 2-43
OM-2-43
v. 5-17-39
X35697

FILED AUG 13 1946

State File No. _____

Registration District No. 327

Primary Registration District No. 6076

Registrar's No. 1623

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ballwin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Pine Crest Home #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mon. 4 days
(Specify whether years, months or days)
In this community 6 mon 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 91
(c) City or town 9752 midland - St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HANNAH E. METZLER
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28
year 1946 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from JAN 24
1946 to JULY 28 1946

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOW
(b) Name of husband or wife Frederick 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased: Dec 23 1881
(Month) (Day) (Year)

that I last saw her alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death central hemiplegia, hypertension

8. AGE: Years 65 Months 7 Days 5 If less than one day _____ hr. _____ min.
9. Birthplace Henrieville, Ill
(City, town, or county) (State or foreign country)

Due to 436
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Housewife
11. Industry or business _____
12. Name Martin's Hall
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Stacie Ellinger
15. Birthplace Ill
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Francis E. Metzler
(b) Address 9752 Midland Overland, Mo.
17. (a) Burial (b) Date thereof 7-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cape Charles, Ark.
18. (a) Signature of funeral director Blumhard Bros
(b) Address 2504 Woodson - Overland, Mo.
19. (a) 8-3-46 (b) 20th St. Kansas City
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature A. J. Merkle M.D. (M. D. certifier)
Address 3507 Pitman Date signed 7-29-46

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

23772

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 Harold K. Brown

Licensed Embalmer No. 4337

P. O. Address Overland 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.