

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19729**
Registrar's No. **1849**

Registration District No. **377**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Miller Nursing Home, 8149 Gravois Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days **4**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward F. J. Metter
3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-07-2005

4. Sex Male **D** 5. Color or race White **2**
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Barbara Metter 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 4, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 -07 17 hr. min.

9. Birthplace Columbia, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Water Dept. Anheuser-Busch, Inc

11. Industry or business Retired 5 Years

12. Name George Metter
13. Birthplace Columbia, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ervin Metter
(b) Address 4135 Schiller Pl.

17. (a) Burial (b) Date thereof 5/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) 5-24-47 (b) Paula Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 7320 Eugene Ave. (If rural, give location) 1
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1947 hour 7: minute 45 A.M.

21. I hereby certify that I attended the deceased from May 13th 1947 to May 21st, 1947,
that I last saw him alive on May 20th, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 Wk.

Due to _____
Due to _____

Other conditions Chronic Nephritis and no
(Include pregnancy within 3 months of death)

Major findings: " Arteriosclerosis **PHYSICIAN**
Of operations no
Of autopsy no
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 W. H. Walters, M.D.
Address 3608 S. Grand Blvd. Date signed 5/21/47

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

MOTHER FATHER

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Joe B. Benz
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.