No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39969

Registrar's No. 11255

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 6131 Crescent
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Same

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 6131 Crescent
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): No

If yes, name country

3. (a) PRINT FULL NAME: Sophie Metzner

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: Widow

6. (b) Name of husband or wife: Bernard

6. (c) Age of husband or wife if alive: -- years

7. Birth date of deceased: Dec. (Month) 26 (Day) 1878 (Year)

8. AGE: Years 68 | Months 11 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Home

11. Industry or business:

MOTHER FATHER

12. Name: Unknown Doerr

13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Louisa Kaufer

(b) Address: 6131 Crescent

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/10/47 (Month) (Day) (Year)

(c) Place: burial or cremation: N. St. Marcus

18. (a) Signature of funeral director: Wacker-Veldenz

(b) Address: 3634 Gravois Ave.

19. (a) DEC 9-1947 (Date received local registrar) (b) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7 year 1947 hour 12 minute 05½ A. M.

21. I hereby certify that I attended the deceased from Nov. 22, 1947, to Dec. 7, 1947 that I last saw her alive on Dec. 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	10 days
Due to: Chronic Myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operation:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work: Means of injury

23. Signature: [illegible] (M. D. or other) MD

Address: 2014 S. Jefferson Date signed: Dec 8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Hyland

Licensed Embalmer No. 2645

P. O. Address St Louis 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.