No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

2843

FILED JAN 22 1948 318

Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 357

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

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: Alexian Bros Hosp. O
(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 Vaci

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2742 Accomac St. 9
(If rural, give location)

23 0

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

If yes, name country

3. (a) PRINT FULL NAME Lawrence Metz

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced divorced 2

6. (b) Name of husband or wife

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

7. Birth date of deceased April 3 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Louisville Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business

FATHER
12. Name Unkn. Metz 9
13. Birthplace " 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lena Unkn. 4
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Ranch
(b) Address 2742 Accomac St.

17. (a) Burial (b) Date thereof 1-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cem

18. (a) Signature of funeral director Witt Bros. L & W.
(b) Address 2929 S. Jefferson Av.

19. (a) (b) J. F. Bredeck
(Date received local registrar) JAN 13 1948 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
year 1948 hour 8 minute 50 p. M.

21. I hereby certify that I attended the deceased from Dec 21, 1947, to Jan. 10, 1948; that I last saw him alive on JAN. 10, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to arterial hypertension & coronary artery disease

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Severe myocarditis
Terminal pneumonia

Duration

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? (e) Means of injury

23. Signature John R. Daly (M. D. or other) MD

Address 2767 Gravois Ave Date signed 1/12/48

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 F. M. Davis

Licensed Embalmer No. 324

P. O. Address 2929 So. Jefferson a

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.