FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21154

Registrar's No. 5302

1. PLACE OF DEATH:
(a) County
(b) City or town StLouis
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution Enroute City Hosp.
1534 Market Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town StLouis
(If outside city or town limits, write "RURAL")
(d) Street No. 1534 Market St
(If rural, give location)
(e) Citizen of foreign country? 25 (Yes or No)
If yes, name country

000 179 0

3. (a) PRINT FULL NAME Herman Metz
3. (b) If veteran, name war WW 1
3. (c) Social Security No.
4. Sex Male 6
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 7
6. (b) Name of husband or wife Christina
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 14 1892 (Month) (Day) (Year)
8. AGE: Years 55 Months 9 Days 25 If less than one day hr. min.
9. Birthplace StLouis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Loading clerk
11. Industry or business Railroad
FATHER
12. Name Fred Metz
13. Birthplace StLouis Mo (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Anna Dickman
15. Birthplace StLouis Mo (City, town, or county) (State or foreign country) 0
16. (a) Informant George Dickman
(b) Address 1534 Market
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) JUN 10 1948 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1948 hour 10:45 minute A. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Oedema of brain; Pulmonary Congestion; Alcoholism.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 3
23. Signature (Medical or other)
Address Date signed 6/10/48

WRITE PLAINLY—USING UNFADING INK

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.....Ronald O. Johnke

Licensed Embalmer No.....3917

P. O. Address.....St Louis

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.