

FILED JAN 29 1949

STANDARD CERTIFICATE OF DEATH

3029

State File No. 491

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (In this place) <u>1 MONTH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>3706 1/2 BATES</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEACONESS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>3706 1/2 BATES</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>-</u>		c. (Last) <u>METZGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 15 1949</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 29, 1889</u>	
9. AGE (In years last birthday) <u>59</u>		if UNDER 1 YEAR Days <u>1</u>		if UNDER 2 Hrs. Hours <u>17</u>		if UNDER 2 Hrs. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>HUNGARY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MATHIAS BRUNN</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA LOTAR</u>		14. NAME OF HUSBAND OR WIFE <u>MICHAEL METZGER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 h.</u> ANTECEDENT CAUSES DUE TO (b) <u>Atrial fibrillation</u> <u>unknown</u> DUE TO (c) <u>Arteriosclerotic heart disease & hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>17 Dec</u> , 19 <u>48</u> , to <u>15 Jan</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>15 Jan</u> , 19 <u>49</u> , and that death occurred at <u>4:30 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Clarence D. Mueller M.D.</u> (Degree or title)		23b. ADDRESS <u>634 N. Grand Blvd.</u>		23c. DATE SIGNED <u>1/7/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 19 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>JAN 17 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Jasster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutia</u> ADDRESS <u>2906 GRAVOIS</u>			

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Leo J. Budde*

Licensed Embalmer No. *3989*

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.