

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH10408  
State File No. 2996

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST LOUIS MISSOURI</b>		c. LENGTH OF STAY (in this place) <b>3 MONTHS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital,</b>		d. STREET ADDRESS (If rural, give location) <b>3556 Bamberger</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ELSIE</b>	b. (Middle) <b>LOUISE</b>	c. (Last) <b>METZLER</b>
4. DATE OF DEATH		(Month) <b>APRIL</b>	(Day) <b>1</b>	(Year) <b>1949</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIES</b>	8. DATE OF BIRTH <b>August 23, 1892</b>	9. AGE (In years last birthday) <b>56</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Charles Hepp</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth</b>	14. NAME OF HUSBAND OR WIFE <b>Mr. Fred Metzler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Fred Metzler</b> ADDRESS <b>3556 Bamberger</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Primary site - liver</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hof</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <b>DEC 31, 1948</b> , to <b>APRIL 1, 1949</b> that I last saw the deceased alive on <b>APRIL 1, 1949</b> and that death occurred at <b>7:30 P. M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>F. R. Bradley</b>		(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Barnes Hospital,</b>	
23c. DATE SIGNED _____				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 4, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Our Redeemer Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 2 1949 J. B. Laster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden Funeral Home, 1936 St. Louis</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.

Signed \_\_\_\_\_

*Max L. Crawford*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

**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.