

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6432

State File No. 1425
Registrar's No. 1003

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>1425</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4150 Quincy St</u>				d. STREET ADDRESS (If rural, give location) <u>4150 Quincy St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lavern</u>		b. (Middle) <u>Arthur</u>		c. (Last) <u>Metzler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-8-1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-17-1889</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 WEEK Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elevator Constructor</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Metzler</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Hoffman</u>		14. NAME OF HUSBAND OR WIFE <u>Amy Metzler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Amy Metzler</u> ADDRESS <u>4150 Quincy St</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Lung</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
19a. DATE OF OPERATION <u>Aug 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Rt Lung.</u>				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. HOW DID INJURY OCCUR? <u>162X</u>	
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>2/9, 1950</u> , to <u>2/8, 1951</u> , that I last saw the deceased alive on <u>2/8, 1951</u> , and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert J. Smith</u> (Degree or title) <u>MS</u>		23b. ADDRESS <u>5203 Chippewa St</u>		23c. DATE SIGNED <u>2/9/51</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-13-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>7901 Gravois Ave</u>		DATE REC'D BY LOCAL REG. <u>FEB 13 1951</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>6409 Gravois Ave</u>					

Dr. J. S. Smith 5203 Chippewa St. FL 5200
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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Paul M. Seymour

Signed.....

Student Embalmer

Licensed Embalmer No.

4343

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.