

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32188**

No. 300
10. 48

FILED OCT 5 1951

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3270**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Lemay	c. LENGTH OF STAY (In this place) 86	c. CITY (If outside corporate limits, write RURAL and give township) Lemay 4860	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2518 Rustic Dr.		d. STREET ADDRESS (If rural, give location) 2518 Rustic Drive	

3. NAME OF DECEASED (Type or Print) a. (First) **Juliana Marie Elise Gebhardt Metzger** b. (Middle) _____ c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **September 27, 1951**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Sept. 4, 1879** 9. AGE (In years last birthday) **72** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **St. Louis County, Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Gebhardt** 13b. MOTHER'S MAIDEN NAME **Elise Earley** 14. NAME OF HUSBAND OR WIFE **Jacob**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give way or dates of service) **none** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Jacob Metzger** ADDRESS **2518 Rustic Dr. Lemay, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
18. MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of the Stomach**
INTERVAL BETWEEN ONSET AND DEATH **1 yr.**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
18. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
157X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Oct. 1, 1950**, to **Sept. 27, 1951**, that I last saw the deceased alive on **Sept. 25, 1951**, and that death occurred at **12 noon**, from the causes and on the date stated above.

23a. SIGNATURE **d. W. Peters** (Degree or title) **M.D.** 23b. ADDRESS **4145 a S. Grand Blvd.** 23c. DATE SIGNED **9/28/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **October 1, 1951** 24c. NAME OF CEMETERY OR CREMATORY **St. Pauls Ev. Cemetery** 24d. LOCATION (City, town, or county) (State) **Oakville, Mo. St. Louis County**

DATE REC'D BY LOCAL REG. **9-28-51** REGISTRAR'S SIGNATURE **Robert W. Dunkel MD** 25. FUNERAL DIRECTOR'S SIGNATURE **C. Hollmeister** ADDRESS **Undertaking & Livery Co. 7811 S. Broadway**

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. _____

Student
Student Embalmer

Signed

Harry A. Schumacher

Licensed Embalmer No.

2679

P. O. Address

7874 1/2 Broadway

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.