

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3494

State File No. _____

FILED JAN 28 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0484

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

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u> b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>Saint Louis</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Park Lane Memorial</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill.</u> b. COUNTY <u>St. Clair</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. St. Louis</u> <u>8120</u> d. STREET ADDRESS (If rural, give location) <u>923 Summit</u> <u>8</u>	
3. NAME OF DECEASED a. (First) <u>Norry</u> b. (Middle) <u>L</u> c. (Last) <u>Metzger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, '53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 14-1877</u>
9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u> IF UNDER 24 HRS. Hours <u>1</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Switchman RR.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kate Snow</u>		ADDRESS <u>E. St. Louis</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensated heart.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Hypertension.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No surgery</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. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>4343</u>			
22. I hereby certify that I attended the deceased from <u>Jan. 8, 1953</u> to <u>Jan. 15, 1953</u> , that I last saw the deceased alive on <u>Jan. 15, 1953</u> and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. Earl Smith M.D.</u>		23b. ADDRESS <u>4930 Lindell Blvd. St. Louis 8, Mo.</u>	
23c. DATE SIGNED <u>1-16-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-18-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>East St. Louis, Ill.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>JAN 16 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Kassly Funeral Home, East St. Louis, Ill.</u>		ADDRESS	

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 John J. Kasaly

Licensed Embalmer No. 7-880

P. O. Address 110179C 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.

Not Embalmed