

31229

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 29 1955

State File No.

7686

1003

Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

No. 300
10. 48
Ch 1-4747
11 till 3
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. LENGTH OF STAY (in this place) c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6315 Henry Ave | | e. STREET ADDRESS (If rural, give location) 6315 Henry Ave | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GEORGE | | b. (Middle) METZGER | c. (Last) METZGER |
| 4. DATE OF DEATH (Month) (Day) (Year) 8-30-1955 | | 5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH 11-29-1878 | | 9. AGE (In years last birthday) 76 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY Self | 11. BIRTHPLACE (City and State or Foreign Country) Germany |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Unknown | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Anne Metzger | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Anna Metzger |
| 17. ADDRESS 6315 Henry Ave | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE WITH FAILURE</u> INTERVAL BETWEEN ONSET AND DEATH 3 YRS. | |
| *This does not mean the mode of dying, such as heart failure, ashenia, 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) ARTERIOSCLEROSIS GENERALIZED DUE TO (c) UNK | |
| 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"/> | |
| 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) 420.0 |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 4-14-1952 , to 8-30-1955 , that I last saw the deceased alive on 8-29-1955 , and that death occurred at 12:30 Am. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Henry Sawyer | | 23b. ADDRESS MJC 618 OLIVE ST | 23c. DATE SIGNED 9/1/55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 24b. DATE 9-2-1955 | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory |
| 24d. LOCATION (City, town, or county) (State) 7600 St. Charles Rock Road Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE J. Carl Smith | |
| DATE REC'D BY LOCAL REG. SEP 1 1955 | | REGISTRAR'S SIGNATURE M. J. C. Bigenheimer | ADDRESS 6409 Gravois Ave |

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
John M. Seymour

Licensed Embalmer No. *434*

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.