

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43528

State File No. \_\_\_\_\_

11544

**FILED** JAN 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>  c. LENGTH OF STAY (In hospital) <u>NR</u>  d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hosp.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>  b. COUNTY _____  c. CITY OR TOWN <u>St. Louis</u>  d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>  e. STREET ADDRESS (If rural, give location) <u>5337 Blou</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>EDWARD</u> b. (Middle) <u>J</u> c. (Last) <u>METZGER</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12-15-1956</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>4-26-1885</u>	<b>9. AGE</b> (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>	IF UNDER 24 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most working life, even if retired) <u>Cobler</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Shoe Repair</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>Michael Metzger</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Dahlem</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Clara Voelker Mrtzger</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, or unknown) <u>NO</u> (If yes, specify or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY</b> <u>487-36-7785</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Clara Metzger</u> <b>ADDRESS</b> <u>5337 Blou St.</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Rectum with metastases to liver, pelvic cavity lymph nodes</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>both lungs &amp; parietal pleurae</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154x</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 years</u>
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<b>19a. DATE OF OPERATION</b> <u>1952</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Adenocarcinoma of Rectum &amp; liver metastases - Abdominoperineal resection 1952</u>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> <u>N/A</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>N/A</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>N/A</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ <u>N/A</u>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>WHILE AT HOME</b> <input type="checkbox"/> <input checked="" type="checkbox"/> <u>N/A</u>		<b>21f. HOW DID INJURY OCCUR?</b> <u>N/A</u>

22. I hereby certify that I attended the deceased from July 1956 to 15 Dec 1956 that I last saw the deceased alive on 15 Dec 1956 and that death occurred at 5:30 PM from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Arthur E. Heigel M.D.</u>	<b>23b. ADDRESS</b> <u>3075 Euclid St. Louis Mo</u>	<b>23c. DATE SIGNED</b> <u>17 Dec 1956</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>12-18-1956</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>S.S. Peter &amp; Paul Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Mo.</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>DEC 17 1956</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J. Earl Smith M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>WINGBERMUEHLE</u> <b>ADDRESS</b> <u>3819 So Grand Blvd</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

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 *Geo. Angbermehle*

Licensed Embalmer No. 4611

P. O. Address *Stam 187*

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.