

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019438

STATE FILE NUMBER

FILED JUN 11 1959

Registration District No. ....

Primary Registration District No. ....

Registration No. **2 5173**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>4094 Loughborough</b>	
Length of stay in lb <b>70 yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>M.</b> Last <b>METZLER</b>			4. DATE OF DEATH Month <b>May</b> Day <b>27</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 21, 1870</b>
9. AGE (In years last birthday) <b>89</b>		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Linotype Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Newspaper</b>	11. BIRTHPLACE (City and state or country) <b>Heidelberg, Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Anna Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Clara Keller Metzler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Mrs. Clara Metzler</b>		Address <b>4094 Loughborough</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> <b>4</b> <b>Heart Disease, arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO <b>4</b> <b>Arteriosclerosis, generalized</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b> <b>10 days</b> <b>10 years +</b> <b>10 years +</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pyelonephritis, chronic</b> <b>4200</b>			19. WAS AUTOPSY PERFORMED? <b>1</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>6/9/49</b> to <b>5/27/59</b> and last saw him alive on <b>3/27/59</b> Death occurred at <b>8:32 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Regina V. Schmiedel M.D.</b>		22b. ADDRESS <b>4601 Hampton Ave</b>	
22c. DATE SIGNED <b>5/28/59</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>May 30, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		24. FUNERAL DIRECTOR <b>Beiderwieden F.H.Inc. 1936 St. Louis</b>	
25. DATE RECD. BY LOCAL REG. <b>MAY 29 59</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VE 2-3303

MAR 20 1962

SEP 18 1962

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 ..... [Handwritten Signature]

Licensed Embalmer No. 459  
P. O. Address ..... [Handwritten Address]

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.