

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7816-61-030962
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7816

AMENDED

FILED AUG 31 1961

1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY				a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only)		Length of stay in 1b		c. CITY OR TOWN		Inside Limits			
OR TOWN <u>St. Louis</u>		<u>life</u>		<u>St. Louis</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits		d. STREET ADDRESS (If outside, give location)		Reside on Farm		
<u>Lutheran Hospital</u>			Yes <input type="checkbox"/> No <input type="checkbox"/>		<u>3556 Bamberger Avenue</u>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH					
<u>GOTTFRIED (Known as FRED)</u>				<u>August 21 1961</u>					
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)	
<u>male</u>		<u>white</u>				<u>8/20/1888</u>		<u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY		
<u>retired salesman</u>			<u>dairy products</u>		<u>St. Louis, Mo.</u>		<u>USA</u>		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE			
<u>Charles G. Metzler</u>			<u>Mary J. Drewes</u>			<u>Elsie Heppe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)					17. INFORMANT Address				
<u>yes WWI</u>					<u>Herbert P. Metzler, 7725 West Rankin</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u>								<u>2 weeks</u>	
DUE TO (b) <u>CORONARY THROMBOSIS</u>								<u>2 weeks</u>	
DUE TO (c) <u>ARTERIOCLEROSIS</u>								<u>?</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days.	
								<u>420-1</u>	
19. WAS AUTOPSY PERFORMED? 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 a.m. p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <u>8/14/61</u> to <u>8/21/61</u> and last saw him alive on <u>8/21/61</u>		Death occurred at <u>11:00 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title)				22b. ADDRESS				22c. DATE SIGNED	
<u>Regina V. Henschel, M.D.</u>				<u>4401 HAMPTON</u>				<u>8/22/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<u>removal</u>		<u>8/24/61</u>		<u>Our Redeemer Cemetery</u>		<u>St. Louis County, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE			
<u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</u>				<u>AUG 23 1961</u>		<u>Loal Smith, M.D.</u>			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Eugene V. Henschel
4401 Hampton Ave.,
VE 2-3303

12-4 Check-

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 Homer H. Dritz

Licensed Embalmer No. 3882

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.