

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041097

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 546

Registrar's No. 3035

FILED OCT 26 1962

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| VS 300 Rev. 4/59 | DATE AMENDED | |
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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY St Louis | | a. STATE MO | b. COUNTY St Louis |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland | | c. CITY OR TOWN Overland | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lackland Nursing Home | | d. STREET ADDRESS (If outside, give location) 3227 Coles | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Length of stay in lb 30 yrs | | | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First Middle Last GEORGE METZ | | Month Day Year Oct 20 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5/17/1874 |
| 9. AGE (last birthday) 88 | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Policeman | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. |
| 12. CITIZEN OF WHAT COUNTRY USA | | | |
| 13a. FATHER'S NAME Metz | | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE deceased |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 17. INFORMANT Address Roy E Katzung 10253 Lackland | |
| 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) Myocarditis (Chronic) | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| DUE TO (b) | | | |
| DUE TO (c) | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. | 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 Oct 13 - 62 to Oct 20 - 62 and last saw him alive on Oct 16 - 62 Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) C. E. Sterling M.D. | | 22b. ADDRESS 8105 Page, St Louis 30 Mo | 22c. DATE SIGNED 10-20-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/22/62 | 23c. NAME OF CEMETERY OR CREMATORY Zion | 23d. LOCATION (City, town, or county) (State) St Louis Co Mo |
| 24. FUNERAL DIRECTOR ADDRESS Ortmann F Home 9222 Lackland Overland Mo | | 25. DATE RECD. BY LOCAL REG. 10-22-62 | 26. REGISTRAR'S SIGNATURE John B. Murphy M.D. |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

Sterling

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Al C Ostmann

Licensed Embalmer No. Al C Os

P. O. Address 3478

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.