

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8554
Do not use this space.

REC'D APR 12 1939

1. PLACE OF DEATH

(a) County 3 Registration District No. 1003
(b) Township 1 Primary Registration District No.
(c) City or St. Louis (d) Street No. Bethesda Home St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2319

2. PRINT FULL NAME

326 Esther Leona Metzger
6428 Marquette Ave.
(a) Residence, No. St. 14
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Frederic M. Metzger
14. BIRTHPLACE (CITY OR TOWN) New Kirk (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME LaVerna Wilson
16. BIRTHPLACE (CITY OR TOWN) Edmondson (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Frederic M. Metzger
6428 Marquette Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers Cem. DATE 3-11 1939

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary (ADDRESS) 4228 So. Kingshighway

20. FILED MAR 11 1939 J. D. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1939, to Mar 9, 1939
I last saw h.s. alive on Mar 8, 1939. Death is said to have occurred on the date stated above, at 7:59 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Decomposition
95%
Other contributory causes of importance:
acute dilatation of stomach,
cause unknown

Date of onset 3/8/39

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Adolph R. Mueller, M. D.
(Address) 6453 Chippewa

6451

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *Edward M. Merritt*

Licensed Embalmer No. *3024*

P. O. 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 this body is not embalmed, above space should be left blank.