

Registration District No. 791 Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH: **1003 REC'D SEP 14 1939**
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3952 Pennsylvania 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 32 years (Specify whether
years, months or days)

8. (a) PRINT FULL NAME Mrs. Josephine Metzler 324
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence G. Metzler 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased April 26th, 1907
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>3</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Henkel
13. Birthplace Burlington, Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Pauline Richard
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clarence G. Metzler
(b) Address 3952 Pennsylvania

17. (a) Burial (b) Date thereof August 1, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilgrims Rest Cemetery

18. (a) Signature of funeral director Peter Jensen Funeral Home
(b) Address 1936 St. Louis Avenue

19. (a) AUG 1 1939 (b) _____
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3952 Pennsylvania Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29
year 1939 hour 7:10 minute 10 A.M.
21. I hereby certify that I attended the deceased from 7/27/39
_____ 18 _____ to 7/29 1939
that I last saw her alive on July 29 and that death occurred on the date and hour stated above.

Immediate cause of death No definite disease
Duration _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Albert Kriest (M. D. or other) _____
Address 3109 S. Grand Date signed 7/29/39

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.

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.....

[Handwritten Signature]
Licensed Embalmer No. 3737

P. O. Address 1936 H. Jones

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.