. No. 2
—1-4-41
5-17-39
I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40174

Registration District No. 791

Primary Registration District No. 100

Registrar's No. 9894

1. PLACE OF DEATH:

(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:
Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 940 Hudson Rd., Ferguson, Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ANNA METZ

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Metz, Sr.

6. (c) Age of husband or wife if alive 51 yrs years

7. Birth date of deceased July 2, 1891
(Month) (Day) (Year)

8. AGE: Years 50 | Months 4 | Days 21 | If less than one day ___ hr. ___ min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Housewife
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Thersa Hoette
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Edward Metz, Sr.,
(b) Address 940 Hudson Rd., Ferguson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) DEC 14 1941 (Date received local registrar) (b) J. F. Brideak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1941 hour 7 minute 40 PM.

21. I hereby certify that I attended the deceased from Dec. 5, 1941, to Dec 12, 1941
that I last saw her alive on Dec. 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Endocarditis

Due to Scratch or punctured wound left index finger

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

185
97

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 12/2/41
(c) Where did injury occur? Home 940 Hudson Rd (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury

23. Signature Paul Pernstorff (M. D. or other)
Address 3919 W Florissant Date signed 12/13/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.