

FILED DEC 11 1942 8

Registration District No. ....

Primary Registration District No. .... 1000

Registrar's No. .... 10097

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 5 days  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(e) State..... Indiana (b) County..... Fayette

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

(d) Street No. 614 Hume Mansion Bldg.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 2

3. (a) PRINT FULL NAME..... Howard Bennett Mettel

MEDICAL CERTIFICATION

3. (b) If veteran, name war.....

3. (c) Social Security No.....

20. DATE OF DEATH: Month..... Nov day..... 30  
year..... 1942 hour..... 2:10 minute..... A M.

4. Sex..... Male 5. Color or race..... White

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

21. I hereby certify that I attended the deceased from..... Nov 25, 1942, to..... Nov 30, 1942;  
that I last saw him alive on..... Nov 30, 1942;  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... 9th years

7. Birth date of deceased..... Sept. 9th 1896  
(Month) (Day) (Year)

Immediate cause of death.....  
Convulsions (undetermined cause) 1 hr.  
Bronchopneumonia  
Due to..... Alcoholism (Chronic + Acute)  
(Peleterium Fremens)  
Due to.....  
Other conditions..... Diabetes mellitus  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
46 2 21 hr. min.

Major findings:  
Of operations.....  
Of autopsy..... Bronchopneumonia, early

PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace..... Unknown Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Pediatrician

11. Industry or business.....

12. Name..... John A. Mettel

13. Birthplace..... Unknown, Ind.  
(City, town, or county) (State or foreign country)

14. Maiden name..... Flora Bennett

15. Birthplace..... Unknown, Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant..... John A. Mettel

(b) Address..... Connersville, Ind.

17. (a) Removal (b) Date thereof..... 12-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Connersville, Ind., c.

18. (a) Signature of funeral director..... Albert H. Hoppe Inc.

(b) Address..... 4700 Washington Blvd.

19. (a) DEC 9 (b) J. P. Probert  
(Date received local registrar) (Registrar's signature)

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?  
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... Anne C. Tompkins (M. D. or other)

Address..... BARNES HOSPITAL Date signed..... 11/20

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**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 J. S. Sullivan  
.....  
Licensed Embalmer No. 1122  
.....  
P. O. Address City  
.....

**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, fact should be so stated above.**