

MAR 2 1943

318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

26
000
19
9

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: City Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years (Specify whether 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. 2415 Blair Ave (If rural, give location)
(e) Citizen of foreign country? (Yes 19 / No 9)
If yes, name country Poland

3. (a) PRINT FULL NAME AUGUST METZER

3. (b) If veteran, name war. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 29 years (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Tailor

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Poland (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. Kapera

(b) Address 1827 Madison St.

17. (a) Burial (Burial, cremation, or removal) (Date thereof) 2-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis Ave

19. (a) FEB 19 1943 (Date received local registrar) (b) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17 year 1943 hour 12 minute 10 AM.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Due to Arteriosclerosis
Due to Gift
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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?

23. Signature James J. Schubert (Specify type of place) _____ (M.D. or other) _____
Address 13rd Clark Date signed _____

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

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

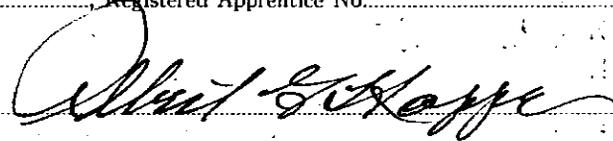
STATEMENT BY LICENSED EMBALMER

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..... 2971

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