S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36188

Primary Registration District No. 1003

Registrar's No. 10462

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: 2650 ACCOMAC ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MO 11 23
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2650 ACCOMAC ST.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IDA METZGER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) ~~Single~~, widowed, married, ~~divorced~~ MARRIED

6. (b) Name of husband or wife LOUIS C. F. METZGER,

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased MARCH 18 1870 (Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 18 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

FATHER
12. Name CHARLES REISSE
13. Birthplace GERMANY (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name MARY ANTONETTE UNKNOWN
15. Birthplace JEFFERSON CITY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mr Louis C. F. METZGER
(b) Address 2650 ACCOMAC ST.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof DEC 9 1944 (Month) (Day) (Year)
(c) Place: burial or cremation MISSOURI CREMATORY

18. (a) Signature of funeral director E. J. Schmer
(b) Address 3125 Lafayette Av.

19. (a) DEC 8 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6 year 1944 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from November 4 1943 to December 5 1944 that I last saw he alive on October 30 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Paralysis due to Cerebral hemorrhage — 5 1943

Due to hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

23. Signature Chas. H. Weisberg M.D. (Physician or other)
Address 3232 Lafayette Date signed

(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: Joseph B. Vollmer

Licensed Embalmer No. 3404

P. O. Address 3125 Lafayette Av

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.