

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

2203

FILED MAR 31 1955

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 2 Days		d. STREET ADDRESS (If rural, give location) 4647 Louisina	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hosp			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) E.	
c. (Last) Metter		4. DATE OF DEATH (Month) (Day) (Year) Mar. 8 1955	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 27 1892	
9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Busch Co.	
11. BIRTHPLACE (State or foreign country) St. Louis Mo/		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward F. J. Metter		13b. MOTHER'S MAIDEN NAME Marie Rabe	
14. NAME OF HUSBAND OR WIFE Bertha Metter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-07-1975	
17. INFORMANT'S SIGNATURE OR NAME Bertha Metter		ADDRESS 4647 Louisina	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF HEPATIC FLEURE		INTERVAL BETWEEN ONSET AND DEATH 2 years	
ANTECEDENT CAUSES		DUE TO (b) CIRRHOSIS OF LIVER	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) BOWEL OBSTRUCTION	
II. OTHER SIGNIFICANT CONDITIONS		CHRONIC HYOCARITIS	
Conditions contributing to the death but not related to the disease or condition causing death.		4 years	
19a. DATE OF OPERATION 3-7-55		19b. MAJOR FINDINGS OF OPERATION Bowel Obstruction due to Carcinoma of Hepatic Fleure	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 153X			
22. I hereby certify that I attended the deceased from 3-5 , 19 55 , to 3-8 , 19 55 , that I last saw the deceased alive on 3-8 , 19 55 , and that death occurred at 7 A m., from the causes and on the date stated above.			
23a. SIGNATURE Julius Eber Metter		23b. ADDRESS 2603 Glenwood St.	
(Degree or title) M.D.		23c. DATE SIGNED 3/8/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/10/55	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo	
DATE REC'D BY LOCAL REG. MAR 10 1955		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher		ADDRESS 3013 Meramec	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Jack Hampton*

Licensed Embalmer No. *4446*

P. O. Address *St. Louis, Mo.*

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.