

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11068** **63-045803** SMITH FILE NUMBER

FILED NOV 22 1963

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST LOUIS** Length of stay in 1b **1 DAY**
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **ALEXIAN BROS HOSPITAL** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MISSOURI** b. COUNTY **ST LOUIS**
 c. CITY OR TOWN **LEMAY** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **3713 RISCH AV.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **CHARLES** Middle **-** Last **METZGER** 4. DATE OF DEATH Month **NOV** Day **7** Year **1963**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **7-12-1892** 9. AGE (last birthday) **71** IF UNDER 1 YEAR Months **3** Days **26** IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED - BUS DRIVER** 10b. KIND OF BUSINESS OR INDUSTRY **PUBLIC SERVICE** 11. BIRTHPLACE (City and state or country) **ST LOUIS, MO.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **GEORGE METZGER** 13b. MOTHER'S MAIDEN NAME **MARY UDE** 14. NAME OF HUSBAND OR WIFE **LILLIAN METZGER**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) **YES WW II** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address **LILLIAN METZGER 3713 RISCH AV. LEMAY 25 MO.**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **ac. Cardiac dilation**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. DUE TO (b) **Chronic atherosclerotic heart disease**
 DUE TO (c) **420.0**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **abdominal aneurysm**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from **1-10-63** to **11-7-63** and last saw him alive on **11-7-63**. Death occurred at **8:30** A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Leon D. Creelers M.D.** 22b. ADDRESS **752 Peenay Ferry Rd** 22c. DATE SIGNED **11.8.63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **11-9-1963** 23c. NAME OF CEMETERY OR CREMATORY **Mt Hope Cem.** 23d. LOCATION (City, town, or county) (State) **LEMAY MO**

24. FUNERAL DIRECTOR ADDRESS **Fey Funeral Home, MEHLVILLE MO** 25. DATE RECD. BY LOCAL REG. **NOV 8 1963** 26. REGISTRAR'S SIGNATURE **Leon Smith, M.D.**

VS 300 Rev. 4/59
 1
 2 **4000**
 3
 4 **0**
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 13

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

DOCUMENT
 MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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 _____
Signature of Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3077

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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