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BUREAU OF THE CENSUS
FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

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State File No. _____
Registrar's No. _____

Registration District No. 791 Primary Registration District No. _____

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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME William Jeff Metcalf
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertude Metcalf 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased 3 13 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation _____
11. Industry or business Laborer

MOTHER FATHER { 12. Name George Metcalf
13. Birthplace & Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Rosa (Franktown)
15. Birthplace MISS
(City, town, or county) (State or foreign country)

16. (a) Informant Gertude Metcalf
(b) Address 1019 a N 18th St.

17. (a) Burial (b) Date thereof 1-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St

19. (a) JAN 21 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis 2117
(If outside city or town limits, write "RURAL")
(d) Street No. 1019 N 18th 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 17
year 1941 hour 7:55 minute _____ A. M.

21. I hereby certify that I attended the deceased from December 23, 1940, to January 17, 1941;
that I last saw h. im alive on January 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Spondylitis
Duration 4 yrs

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 76
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature C. Allen (M. D. or other) _____
Address 2601 N Whittier Date signed 1/20/41

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. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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