

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31701

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8538

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2019</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u> | | d. STREET ADDRESS (If rural, give location) <u>8300 Reilly ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIAS</u> b. (Middle) <u>Theodore</u> c. (Last) <u>METTS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 24 1951</u> |
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| 5. SEX <u>Male</u> <input type="radio"/> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u> | 8. DATE OF BIRTH <u>July 11 1875</u> | 9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mangel Operator</u> | 11. BIRTHPLACE (State or foreign country) <u>Antonia, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> |
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| 13a. FATHER'S NAME <u>James Metts</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown Rogers</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch and dates of service) <u>no</u> <u>none</u> | 16. SOCIAL SECURITY <u>492-07-5952⁰</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Metts 8300 Reilly ave. St. Louis 11, Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>8 mol.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>157X</u> |
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22. I hereby certify that I attended the deceased from 9-1-51, 19 , to 9-24-51, 19 , that I last saw the deceased alive on 9-24-51, 19 , and that death occurred at 11:55Pm., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>John T. Lawton, M.D.</u> | 23b. ADDRESS <u>1515 Lafayette Avenue</u> | 23c. DATE SIGNED <u>9-25-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Sept. 27, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>2000 Lemay Ferry Rd. Lemay 23, MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>SEP 26 1951</u> | REGISTRAR'S SIGNATURE <u>Carl Smith MO</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. Hoffmeister U.&L.Co. 7814 S. Broadway MO.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 27

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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

Leiner C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broacher

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.