WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36238

File No. .....

Registered No. 10770

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. City Hospital ..... St. ..... Ward)

12790

2. FULL NAME Wilbur Metcalf

(a) Residence, No. 615 Hickory St. Ward. 22

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8 - 1864

7. AGE: Years 67 Months 8 Days 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER

13. NAME Jake Metcalf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Hospital Information (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Meineckes Ill DATE 10/24 1931

19. UNDERTAKER Berrick Uchaus (ADDRESS) 1128 N 6th St

20. FILED OCT 23 1931 Max E. Stark Coff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22nd 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21st 1931, to Oct. 22nd 1931

I last saw h. alive on Oct. 22nd 1931. Death is said to have occurred on the date stated above, at 5:03 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Duodenal Ulcer	
Generalized Peritonitis	10/20/31

Other contributory causes of importance:

Chronic Myocarditis	1930

Name of operation: Exploratory Laparotomy Date of 10/21/31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carl J. Holz, M. D.

(Address) City Hospital

Mercury