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.

14515

File No.

Registered No. 116

1. PLACE OF DEATH

96 County St. Louis, Missouri. Registration District No. 1123

Township Carondelet Primary Registration District No. 6248 B.

City Jefferson Barracks, Mo. Veterans Administration Hospital. St. Ward)

2. FULL NAME METCALF, Chief

(a) Residence, No. 2700 Lawton Ave., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1891

7. AGE: Years 42 | Months - | 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. Laborer.

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) Abt. 3 yrs. ago.

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Mississippi.

FATHER

13. NAME Sol Metcalf

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

MOTHER

15. MAIDEN NAME Cora Hudson

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

17. INFORMANT C. H. SMITH, M.D., Clinical Director.
(ADDRESS) Vet. Adm. Hosp. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE 4-7- 1933

19. UNDERTAKER C. Hoffmeister & Co.
(ADDRESS) 3814 So. Broadway

20. FILED April 5, 1933 L. C. Obrock M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1933, to April 4, 1933

I last saw him alive on April 4, 1933. Death is said to have occurred on the date stated above, at 11:50PM

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

	Date of onset
Carcinoma of Ascending Colon.	Unk.
Other contributory causes of importance:	
Partial Intestinal Obstruction.	Unk.

Name of operation Excision of Carcinoma Date of 3/30/33

What test confirmed diagnosis? Operation and pathological exam. 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) W. C. GIBSON, M.D., Med. Off. InChg M.D.

(Address) Vet. Adm. Hosp. Jeff. Brks., Mo.

JUN 1 2 1945