

FILED MAR 22 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **10426**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2187	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Homer G. Phillips Hospital				STREET ADDRESS (If rural, give location) 3127 Magazine St.			
3. NAME OF DECEASED (Type or Print) a. (First) Warren b. (Middle) _____ c. (Last) Metcalf				4. DATE OF DEATH (Month) (Day) (Year) Mar, 4, 1951			
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec, 9, 1921	
9. AGE (In years last birthday) 29		IF UNDER 1 YEAR Months 2		IF UNDER 28 HRS. Days 25		IF UNDER 28 HRS. Mts. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Aberdeen, Miss	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Jim Metcalf			13b. MOTHER'S MAIDEN NAME Joe ann Love			14. NAME OF HUSBAND OR WIFE Lula Belle Pulliam Metcalf	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. W.W. #2 500-26-8035		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jim Metcalf Aberdeen, Miss.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull; Subdural Hemorrhage;					<p>INTERVAL BETWEEN ONSET AND DEATH</p>
		ANTECEDENT CAUSES DUE TO (b) suffered when car operated by deceased struck guard rail and later girder near DUE TO (c) Post #87 on McArthur Bridge, about					
		II. OTHER SIGNIFICANT CONDITIONS 8:50 P.M. March 4, 1951. ACCIDENT					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) See Above		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 4, 1951 8:50 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? See Above			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:50 P.M. , from the causes and on the date stated above. 31							
23a. SIGNATURE Calvin E. Jugh (Degree or title) 3				23b. ADDRESS 7300 Clark Ave		23c. DATE SIGNED 3/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar, 12, 1951		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG. MAR 8 1951		REGISTRAR'S SIGNATURE J. B. Bassler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright's Funeral Home, 3100 Easton Ave.			

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Arthur L. Heilbard

Signed.....
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4740th Cuyler St

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.