No. 300
10-48

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15008

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 976

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City
c. LENGTH OF STAY (in this place) 21 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6952 Waterman Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN University City 4336
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 6952 Waterman Ave;

3. NAME OF DECEASED (Type or Print)
a. (First) WALTER
b. (Middle) LEE
c. (Last) METCALFE.

4. DATE OF DEATH (Month) (Day) (Year) April 12, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 31, 1904
9. AGE (In years last birthday) 51 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer
10b. KIND OF BUSINESS OR INDUSTRY Law[redacted]
11. BIRTHPLACE (City and State or Foreign Country) Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James W. Metcalfe.
13b. MOTHER'S MAIDEN NAME Katherine Strodtman.
14. NAME OF HUSBAND OR WIFE Carol Metcalfe.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Carol Metcalfe., 6952 Waterman Ave ; ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma tongue — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES — Metastasis to cervical lymph nodes

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — 141X

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 1955
19b. MAJOR FINDINGS OF OPERATION Carcinoma tongue. Metastases to neck
20. AUTOPSY? YES [ ] NO [X]

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1955, *to* April, 1956 *that I last saw the deceased alive on* 4/11, 1956, *and that death occurred at* 10; P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lawrence Boyer MD
23b. ADDRESS 508 N Grand
23c. DATE SIGNED 4/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-14-1956
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) St. Louis Co., (State) Missouri

DATE REC'D BY LOCAL REG. 4-14-56
REGISTRAR'S SIGNATURE Herbert R. Domke MD.
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd., ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Arnold W. Schoene

Licensed Embalmer No. 38

P. O. Address St. Louis

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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