

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29781

STATE FILE NUMBER

318

Primary Registration District No. 1003

Registrar's No. 6983

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Rock Hill 4631	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS 809 N. Rock Hill Rd	
3. NAME OF DECEASED (Type or print) First NICHOLAS Middle JOSEPH Last METZGER		4. DATE OF DEATH Month JULY Day 23 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 3 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman & Manager		10b. KIND OF BUSINESS OR INDUSTRY Toledo Scale Co.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13. FATHER'S NAME Stephen Metzger		14. MOTHER'S MAIDEN NAME Christina Link	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493-09-8487	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) CARCINOMA OF TONGUE WITH METASTASES		INTERVAL BETWEEN ONSET AND DEATH 2 YRS.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		141x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY. Hour \ Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from MARCH 31, 1956 to JULY 23, 1957 and last saw her alive on JULY 22, 1957 Death occurred at 10:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE JR Bradley (Degree or title) M. D.	
22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 7/24 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	
Burial	July 27 1957	SS. Peter & Paul	
24. FUNERAL DIRECTOR A.H. Bocklage		25. DATE RECD. BY LOCAL REG. JUL 26 '57	
24. ADDRESS 6536 Clayton Rd.		26. REGISTRAR'S SIGNATURE Carl Smith	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

