MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED APR 6 1962

-62-012990
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3092

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST LOUIS
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: HOMER PHILLIPS
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5131 MINERVA
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HEIDA Middle METCALFE Last Metcalfe

4. DATE OF DEATH: Month MARCH Day 19 Year 1962

5. SEX: FEMALE

6. COLOR OR RACE: NEGRO

7. Married ☐ **Never Married** ☒ **Widowed** ☐ **Divorced** ☐

8. DATE OF BIRTH: 12-9-61

9. AGE (last birthday): —
IF UNDER 1 YEAR: Months 3 Days 10
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (City and state or country): ST LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: TERRY METCALFE

13b. MOTHER'S MAIDEN NAME: JO RUTH NANCE

14. NAME OF HUSBAND OR WIFE: NONE

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.: NONE

17. INFORMANT: TERRY METCALFE Address: 5131 MINERVA

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Suffocation, Suffered when
DUE TO (b) found in bed in home on 3-19-62.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c) (no Plastic involved)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): accident 924.0 + 18

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above

20c. TIME OF INJURY Hour ? a.m. p.m. Month, Day, Year 3-19-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

20f. CITY, TOWN, OR LOCATION: St. Louis COUNTY STATE Mo

21. I attended the deceased from 6-45-A to and last saw her/him alive on
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Paul J Simon Deputy Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 3/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 3-23-62

23c. NAME OF CEMETERY OR CREMATORY: NATIONAL

23d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS, Mo

24. FUNERAL DIRECTOR: RELIABLE FUNERAL SVS ADDRESS: 1385 Union

25. DATE RECD. BY LOCAL REG.: MAR 22 1962

26. REGISTRAR'S SIGNATURE: Noal Smith, M.D.

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence Crooms

Licensed Embalmer No. #755

P. O. Address 1389 Union

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

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