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.

2531

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 76

Township ..... Primary Registration District No. 1003 Registered No. 76

City St. Louis (No. #4929 Geraldine Ave. St. ..... Ward)

2. FULL NAME John D. Van Etten.

(a) Residence. No. #4929 Geraldine Ave. St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dorothy E. Van Etten

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 14/1864

7. AGE: Years 63 | Months 7 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stock + Bond
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York State.

PARENTS
10. NAME OF FATHER: John Van Etten
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New York.
12. MAIDEN NAME OF MOTHER: Eliz. Davalow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New York.

14. INFORMANT: Mrs. J. D. Van Etten
(Address) #4929 Geraldine Ave

15. FILED ..... 1928 Mark C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): January 2nd 1928.

17. I HEREBY CERTIFY, That I attended deceased from Jan. ....., 1927, to Jan. 2, 1928, that I last saw him alive on Jan. 1, 1928, and that death occurred, on the date stated above, at 10 A.M. 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Atrophic Hepatic Cirrhosis non Alcoholic
12 HR
22 B
(duration) one yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Roland R. Meacown, M.D.
1/2, 1928 (Address) 5330 Geraldine Av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cem. DATE OF BURIAL: Jan. 4, 1928.

20. UNDERTAKER: C. R. Lupton. ADDRESS: Street, Clinton #4449

1690

2 Pm