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.

18951

File No. 5362

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis Mo (No. 723 Dover Pl. St. ..... Ward)

2. FULL NAME Inft. Etherton

(a) Residence. No. 723 Dover Pl. St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	—	—	—	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

PARENTS

10. NAME OF FATHER Monte Etherton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Murphysboro (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Irma May Schrader

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chester (STATE OR COUNTRY) Ill.

14. INFORMANT Monte Etherton (Address) 723 Dover Pl.

15. FILED MAY 16 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-15- 1928, to 5-15- 1928 that I last saw her alive on 5-15-28, 19..., and that death occurred, on the date stated above, at 7 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage at Birth

160B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 162 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

(1) DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. F. Heim, M. D

5/16/ 1928 (Address) 3115 S. Grand

*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 Sunset Burial Park. DATE OF BURIAL May 16 1928

20. UNDERTAKER Fendler Und. Co ADDRESS 7819 Michigan