

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29559

1. PLACE OF DEATH

County
Township St. Louis
City (No. St. Lukes Hosp.)

Registration District No.
Primary Registration District No.

File No.
Registered No. 87-13
St. Ward)

2. FULL NAME Samuel L. Ettman

(a) Residence. No. 5327 Pershing St., 12 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 10 - 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 8 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sponge Importer
(b) General nature of industry, business, or establishment in which employed (or employer) wholesale
(c) Name of employer

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

10. NAME OF FATHER Lester Ettman

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

12. MAIDEN NAME OF MOTHER Caroline Hildebrand

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

14. INFORMANT Lester Ettman
(Address) 5327 Pershing Ave.

15. FILED 19 Nov Stankoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from July 2 1929, to Aug 26 1929, that I last saw him alive on Aug 26 1929, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1) Obstructed right ureter non gonococcus
2) by bronchopneumonia - Bpt. Revy

(duration) 10 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Uremia due to Obstruction & Hydronephrosis (duration) 1 yrs. 1 mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF -

19. WAS THERE AN AUTOPSY? No

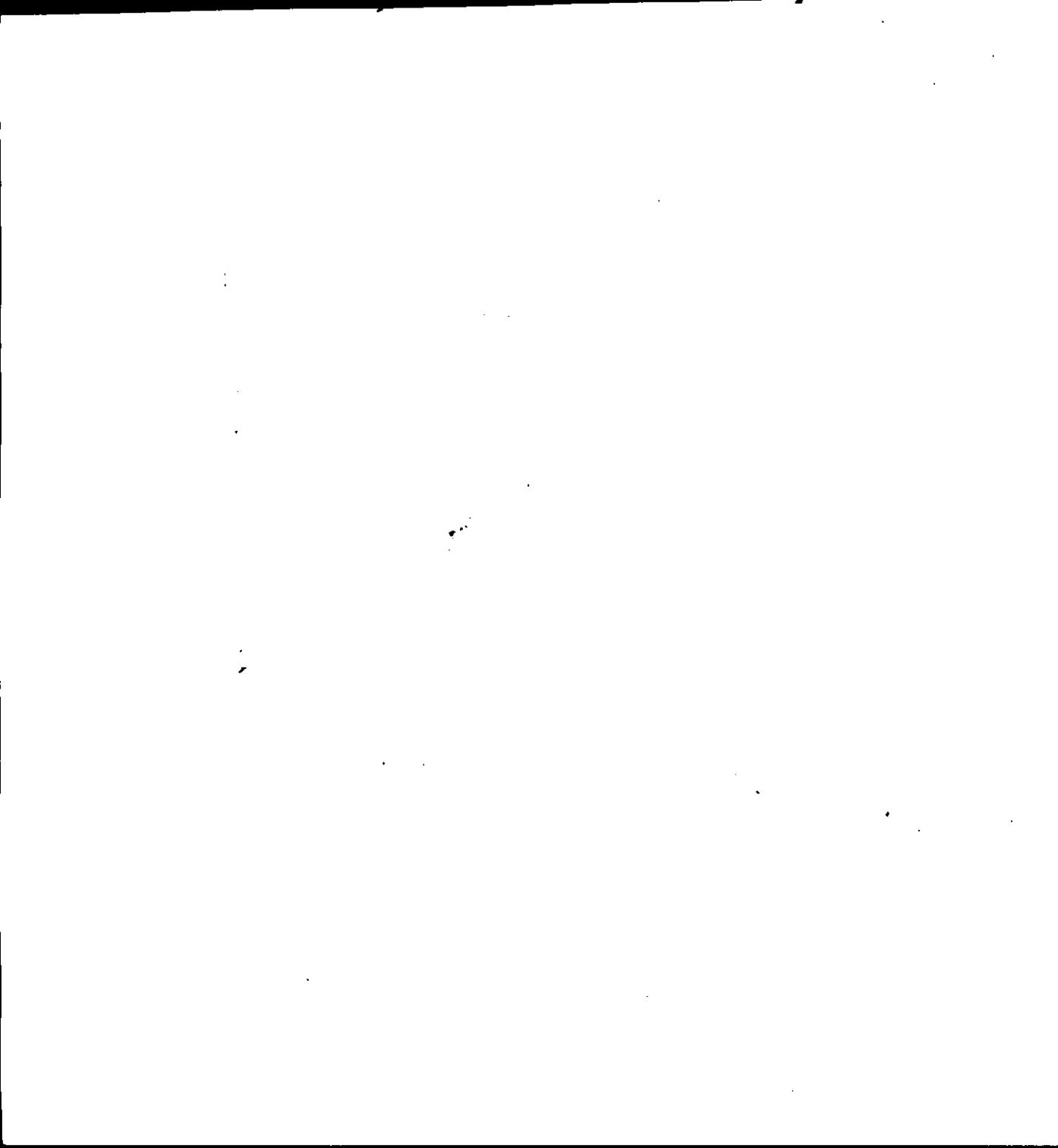
WHAT TEST CONFIRMED DIAGNOSIS Cystoscopic examinations
(Signed) Charles D. Pickrell, M. D.
, 19 (Address) 653 Century Bldg.

*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 Mt. Sinai Cemetery DATE OF BURIAL Aug 28 1929

20. UNDERTAKER St. Rindskopf ADDRESS 5-216 Delmar

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.



Name: Samuel L. Ettman

Who died at: St. Louis, Missouri on August 26, 1929

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Obstructed right Ureter Non Gonococcus Hydronephrosis-left kidney

From passing a stone through urethra several years ago. Information

Contributory: Uremia due to obstruction hydronephrosis given over phone

by Dr. G. Pickrell 2-20-30, Wash of U.S.

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

1320

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