

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

Do not use this space.

14798

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis, Mo. (No.....)

Registration District No.....
Primary Registration District No.....
2006 Withnel St.

File No.....
Registered No. 4196
St..... Ward.....

2. FULL NAME Charles Etkorn

(a) Residence. No..... St. 24 Ward.....
(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. (If nonresident, give city or town and State)

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 Sophie Etkorn (nee Speckert)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10th, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 1 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Box Nailer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer Columbia Box Co.

9. BIRTHPLACE (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Unknown Etkorn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Sophie Etkorn
(Address) 2006 Withnel St.

15. FILED 30 1932 May C. Starke
19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27th 1932

17. I HEREBY CERTIFY, That I attended deceased from 4/26 1932 to 4/27 1932 that I last saw him alive on 27 April 1932, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Infectious hepatitis
151 131
1520 (duration) 2 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED ①
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Emil A. Burdette M. D.
4.27 1932 (Address) 1902 Charokey.

*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 New Pickers DATE OF BURIAL April 30th 1932

20. UNDERTAKER Wm J Robert L & Co ADDRESS 1905 S. Grand Blvd

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.

WHITE PLAIN; WITH UNFADING INKS—THIS IS A PERMANENT RECORD

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