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.

3621

1. PLACE OF DEATH

County ..... Registration District No. 781 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 561

City St. Louis (No. 2840, Belt ave St. ..... Ward)

30 9

2. FULL NAME Paul Ettinger.

(a) Residence, No. ..... St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Constructor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L. K. Ligget Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) High Prairie Kansas

FATHER

13. NAME Sam Ettinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germantown Pa.

MOTHER

15. MAIDEN NAME Marguerite Seymour

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Mrs Marguerite Ettinger 2840 Belt ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cremation DATE Jan. 18 1933

19. UNDERTAKER (ADDRESS) Wm M Sommerville 4034 Natural Bridge ave

20. FILED JAN 16 1933 19 Max C Starkley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15th, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 4th, 1932 to January 15, 1933

I last saw him alive on Jan 15th, 1933 Death is said to have occurred on the date stated above, at 10:38 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease (Aortic Regurgitation)	?
24	
9 A	
Other contributory causes of importance: Lues	?

34

Name of operation none Date of .....

What test confirmed diagnosis? Wasserman Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Brown, M. D.

(Address) 2867a Union Blvd.