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.

AUG 23 1935

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

Do not use this space.

24235

File No.

Registered No. 102

1. PLACE OF DEATH

County St. Louis — Registration District No. 333

Township St. Ferdinand — Primary Registration District No. 4468

City Ferguson Mo. Ferguson (No. 29 S. Hartnett Ave., St. Ward)

2. FULL NAME Eugene William Ettling.

(a) Residence, No. 29 S. Hartnett Ave., St., 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	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1913.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	22	2	1	

OCCUPATION

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

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

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) Missouri

FATHER

13. NAME Eugene J. Ettling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Margret M. Dumont

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

17. INFORMANT Eugene J. Ettling
(ADDRESS) 29 S. Hartnett Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Ferdinand Cem. July 22/35.

19. UNDERTAKER Jos. W. Clark.
(ADDRESS) 1125 Hodiamont Ave.

20. FILED 7/20, 1935 W.A. Zeitler Registrar.
Ora L. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19th, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1935 to July 19, 1935

I last saw him alive on July 19, 1935. Death is said to have occurred on the date stated above, at 4 a.m.

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

	Date of onset
Pul. T.B.	
7 2	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clu 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) A. A. Legeal M.D., M. D.

(Address) Ferguson Mo

Dr. A. C. Leggat
Ferguson Mo.