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.

REC'D MAR 24 1938

1. PLACE OF DEATH
County St. Louis — Registration District No. 96 — File No. 8194
Township Carondelet — Primary Registration District No. — Registered No. 360
City St Louis (No. Mt St. Rose Sanatarum St. Ward)

2. FULL NAME Margaret Ettling 345
(a) Residence, No. 29 S Hartnett, Ferguson St., Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 1917
7. AGE: YEARS 21 — MONTHS 0 — DAYS 7 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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 Ettling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Missouri

MOTHER
15. MAIDEN NAME Margaret Dumont
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottowa Kansas

17. INFORMANT (ADDRESS) Eugene J Ettling 29 S Hartnett
18. BURIAL, CREMATION, OR REMOVAL PLACE St Ferdinand Lane Feb 26 1938
19. UNDERTAKER (ADDRESS) Jos W Clark 1125 Hodiamont Ave
20. FILED 2-25 1938 T R Meyer M.D. Dr P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1938
22. I HEREBY CERTIFY, That I attended deceased from October 6, 1937, to February 24, 1938
I last saw her alive on February 24, 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1936
Other contributory causes of importance: Myocarditis	Feb 1938

Name of operation Pneumothorax Date of Dec 1937
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury ..., 19...
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) John J Boucek Resident, M. D.
(Address) Mt St Rose Sanatarium St Louis, Mo