

REC'D AUG 17 1939
Registration District No. _____

Primary Registration District No. _____

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.

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution: Parkview Hotel
(d) Length of stay: In hospital or institution 58 YEARS
In this community 58 YEARS

3. (a) PRINT FULL NAME ANNA McHUGH ETLING
8. (b) If veteran, name war —
3. (c) Social Security No. 49720-3-5208

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife FRANCIS M. ETLING
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased UNKNOWN 1881

8. AGE: Years 58 Months UNKNOWN Days — If less than one day — hr. — min.

9. Birthplace ST. LOUIS

10. Usual occupation COMPTOMETER OPERATOR

11. Industry or business CHASE HOTEL

MOTHER FATHER
12. Name MARTIN McHUGH
13. Birthplace IRELAND
14. Maiden name ANN B. NAPHSEY
15. Birthplace IRELAND

16. (a) Informant's own signature Margaret M. McHugh
(b) Address Parkview Hotel

17. (a) BURIAL (b) Date thereof JULY 14
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) JUL 13 1939 (b) J. B. Beck
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County ST. LOUIS
(c) City or town ST. LOUIS
(d) Street No. PARKVIEW HOTEL
(e) If foreign born, how long in U. S. — years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 11
8 year 1939 hour 3:50 minute — P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Chronic Interstitial Nephritis
Due to _____
Due to _____

Other conditions 1311
(Include pregnancy within 3 months of death)

Major findings: 1311
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
28. Signature Joseph M. Zuercher
Address Deputy Coroner Date signed 7/12

1052

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 3840 Lindel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.