. No. 2
—5-42
5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4154

FILED FEB 16 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 1138

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4300a Grace Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 915
(If outside city or town limits, write "RURAL")

(d) Street No. 4300a Grace Avenue
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mollie Etling

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Louis Etling

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 15, (Day) - 1866 (Year)

8. AGE: Years 76 Months 8 Days 17 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business --

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. L. Etling
(b) Address 4300a Grace Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 5 (Day) 43 (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Tucker-Hilderle Und. Co.
(b) Address 3634 Gravois Avenue

19. (a) FEB 4 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2
year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from ~~Jan 24~~ Jan-24, 1943, to Feb. 2, 1943;
that I last saw her alive on Feb. 1 - 1943, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chr. myo carditis	unknown
Due to obesity	lifetime
cholestrolhemia	10 years
Due to umbilical hernia	~~lifetime~~ unknown
acute respiratory infection not pneumonia	6 weeks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. R. Gum (M.D. or other) MD
Address 2427 S Broadway Date signed 2-4-43

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Thyland

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

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, fact should be so stated above.