S. No. 2
1—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4155
1945

FEB MAR 10 1943

Registration District No. 518 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town ST. Louis MO.
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
Isolation Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2/23/43--2/24/43 (Specify whether
In this community 43 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

000
12
91

(a) State Missouri (b) County
(c) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 7905 a Water St.
(If rural, give location)
(e) Citizen of foreign country no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Oliver Etling

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July (Month) 26 (Day) 1899 (Year)

8. AGE: Years 43 Months 6 Days 29 If less than one day hr. min.

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

10. Usual occupation Guard

11. Industry or business Work House

FATHER
12. Name Charles Etling
13. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Rock
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Becktame
(b) Address 5600a Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 South Grand Blvd.

19. (a) FEB 28 1943 (Date received local registrar) (b) J. F. Budesk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24 /43
year 43 hour 9.30 minute P M.

21. I hereby certify that I attended the deceased from 2/23/43, 19..., to 2/24, 1943
that I last saw him alive on 2/24, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis, pulmonary and meningeal	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as given above.

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 0

23. Signature R W Maxwell (M. D. ~~or other~~) 2-25
Address 5600 Arsenal St. Date signed 2-25-43

(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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.