

No. 2
-2-43
-17-39
X3559

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35589**

FILED NOV 10 1943

Registration District No. 310

Primary Registration District No. 308810051

Registrar's No. 184

1. PLACE OF DEATH:

(a) County ST. CHARLES

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

(c) Name of hospital or institution:
EVANGELICAL EMMAUS HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 YEAR 8 MOS.
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KENTUCKY (b) County 999

(c) City or town COVINGTON 15
(If outside city or town limits, write "RURAL") 0

(d) Street No. 520 E. 20th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME ELIZABETH ETLER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife FRANK ETLER

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

7. Birth date of deceased NOVEMBER 29, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>11</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name HENRY HOFFMANN

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Theophil Stoerker

(b) Address St. CHARLES, MO

17. (a) Removal (b) Date thereof Oct 31-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bovington Kentucky

18. (a) Signature of funeral director Albert H Hoffe

(b) Address 4700 Washington Ave, St Louis Mo

19. (a) 10-31-1943 (b) Conrad G. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31st
year 1943 hour 4 minute 11 P. M.

21. I hereby certify that I attended the deceased from Feb 6 1942 to Oct 31st 1943,
that I last saw him alive on Oct 31st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary occlusion

Due to _____

Due to Gen. Arteriosclerosis

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

Major findings: Of operations cu 940

Of autopsy no

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? 32

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature AP Erisk Schuch (Date) 11/1
Address St Charles Mo Date signed _____

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

1340

(Licensed Embalmer's Statement on Reverse Side)

40

NOV 17 1948

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 Guy Wilkinson
Licensed Embalmer No. 3575
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.