

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Kirkwood 22 Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
328 W. Argonne Dr
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 96
 (c) City or town Kirkwood 22 4
(If outside city or town limits, write "RURAL")
 (d) Street No. 328 W. Argonne Dr 3
(If rural, give location)
 (e) Citizen of foreign country? No 7
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary K. Etzkorn
 3. (b) If veteran, name war none 3. (c) Social Security No. none
 4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed 7
 6. (b) Name of husband or wife George F. Etzkorn
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 3 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 29
 year 1945 hour 11 minute 55 P.M.
 21. I hereby certify that I attended the deceased from Oct. 29 1945 to Oct. 29 1945
 that I last saw her alive on Oct. 29 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 0 26 hr. min.
 9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Nil

Immediate cause of death Intestinal obstruction 10 da.
 Duration
 Due to 127 B 2
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name John Lake
 13. Birthplace Germany 11
(City, town, or county) (State or foreign country)
 14. Maiden name Catherine Loankamper
 15. Birthplace Germany 11
(City, town, or county) (State or foreign country)
 16. (a) Informant George L. Etkorn
 (b) Address 855 N Kirkwood Rd Kirkwood 22 Mo
 17. (a) Burial (b) Date thereof 11/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cem. Kirkwood
 18. (a) Signature of funeral director Mittelberg Fun. Homes
 (b) Address Webster Groves & Kirkwood 22 Mo
 19. (a) 11-6-45 (b) E. M. Baran MD
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Major findings:
 - 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? _____
(City or town) (County) (State)
 (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 _____
 23. Signature J. D. Stouffe (M. D. or other) M.D.
 Address 104 W. Adams, Kirkwood Date signed 11/1/45

OCT 31 1950

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 John M. Freyer
Licensed Embalmer No. 3385
P. O. Address 340 W. Adams
Kirkwood 22 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.