

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED **SEP 24 1953**

State File No. **33169**
8387
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 10 Days		d. STREET ADDRESS (If rural, give location) 15 5054a Idaho	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital			

3. NAME OF DECEASED a. (First) Elmond		b. (Middle) A.		c. (Last) Etter		4. DATE OF DEATH (Month) (Day) (Year) Aug. 26 1953	
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 5 1901		9. AGE (In years last birthday) 51		If UNDER 1 YEAR: Months Days		If UNDER 24 HRS.: Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker Manufacture		10b. KIND OF BUSINESS OR INDUSTRY Bank		11. BIRTHPLACE (City and State or Foreign Country) Portage De-Sioux Mo				12. CITIZEN OF WHAT COUNTRY? USA			
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13a. FATHER'S NAME *John Heirtz			13b. MOTHER'S MAIDEN NAME Not Know			14. NAME OF HUSBAND OR WIFE Nell-Mae Etter		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 497-16-2419		17. INFORMANT'S SIGNATURE OR NAME Nell-Mae Etter				ADDRESS 5054A Idaho			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION											INTERVAL BETWEEN ONSET AND DEATH 2 wks 5 + yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Subarachnoid hemorrhage											
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive vasculer dis. DUE TO (c)											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.												

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from Aug 14, 1953, to Aug 26, 1953, that I last saw the deceased alive on Aug 25, 1953 and that death occurred at 5:55 Am., from the causes and on the date stated above.

23a. SIGNATURE John L. Horner			23b. ADDRESS MO 114 N. Taylor St Louis 8			23c. DATE SIGNED 8-27-53		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/29/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem		24d. LOCATION (City, town, or county) (State) Mt. Pleasant Mo.	
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DATE REC'D BY LOCAL OFFICE AUG 28 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher 3013 Meramec			
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G.P. (Licensed Embalmer's Statement on Reverse Side)

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

