

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33170

State File No. ....

BIRTH NO. SEP 24 1953 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8417

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4631a Dahlia Ave.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) <u>KATHERINE</u>		a. (First) <u>SINKO-ETWERT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>July 6, 1882</u>	
13a. FATHER'S NAME <u>Frank Kurka</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Chott</u>		9. AGE (In years last birthday) <u>71</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles Etwert</u>		14. NAME OF HUSBAND OR WIFE <u>Late Frank Etwert</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		12. CITIZEN OF WHAT COUNTRY? <u>C</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Etwert 4631a Dahlia Ave.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <u>7+ yrs</u>	
22. I hereby certify that I attended the deceased from <u>5-8 1946</u> , to <u>8-28 1953</u> , that I last saw the deceased alive on <u>8-27 1953</u> , and that death occurred at <u>3:10 P.M.</u> m., from the causes and on the date stated above.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. SIGNATURE <u>C. M. Charles</u>		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>8-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 31, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S/S Peter &amp; Paul Cem.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 31 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>		ADDRESS <u>4228 S. Kingshighway Bl.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arlo A. Shanahan*.....  
Licensed Embalmer No. *4533*.....  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.