

FILED JUL 22 1954

STANDARD CERTIFICATE OF DEATH

25519

State File No.

Registrar's No. 1465

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 1 Hour		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		e. STREET ADDRESS (If rural, give location) 3018 a Salena St.	

3. NAME OF DECEASED (Type or Print) RAY			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 6 22 54			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 29, 1919			9. AGE (In years last birthday) 35		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer				10b. KIND OF BUSINESS OR INDUSTRY Meal*Pack Cater. Co.				11. BIRTHPLACE (City and State or Foreign Country) Subiaco, Arkansas				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Joseph Etzkorn			13b. MOTHER'S MAIDEN NAME Annes Unt			14. NAME OF HUSBAND OR WIFE Clara Simon Etzkorn		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2		16. SOCIAL SECURITY NO. 430-74-453		17. INFORMANT'S SIGNATURE OR NAME Clara Etzkorn		ADDRESS 3018a Salena St.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 2 hours	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic - Rupture of the aorta							
		ANTECEDENT CAUSES Morbid 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. Traumatic rupture of sigmoid colon Multiple fractures 1acerated bladder neck Edema Brain + focal subarachnoid bleeding						2 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NORMANDY POST-ST. LOUIS MO	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 22, 1954 1:00 PM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? While crossing National Bridge, he was struck by a wild bound cattle	
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22. I hereby certify that I attended the deceased from 6-22-1954 to 6-22-1954, that I last saw the deceased alive on 6-22-1954, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) CHARLES E. Brodwin M.D.		23b. ADDRESS 601 S. Brentwood Bl.		23c. DATE SIGNED 6-23-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 24, 1954		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson, Missouri	
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DATE REC'D BY LOCAL REG. 6/23/54		REGISTRAR'S SIGNATURE Heber R. Sombell		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helderle		ADDRESS 3634 Gravois Ave.	
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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..... *Robert Wheeler*

Licensed Embalmer No. *21*

P. O. Address *H. Lewis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.