

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15064**

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 548 Registrar's No. 999

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		c. CITY OR TOWN <u>Overland</u> 423X	
c. LENGTH OF STAY (in this place) <u>AB 32 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9505 West Milton</u>		e. STREET ADDRESS (If rural, give location) <u>9505 West Milton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Etz</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 31, 1867</u>	9. AGE (In years last birthday) <u>88</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MTH. Hours	# UNDER 1 MTH. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>(Unk) Kienzle</u>	13b. MOTHER'S MAIDEN NAME <u>(Unk)</u>	14. NAME OF HUSBAND OR WIFE <u>Gilbert Gus C. Etz (Deceased)</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl E. Etz</u>	ADDRESS <u>9505 West Milton</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		<u>1 Day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		<u>1 yr.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from Oct 5, 1954 to Apr 17, 1956, that I last saw the deceased alive on Apr 16, 1956, and that death occurred at 4:41 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry W. Noller MD</u>	(Degree or title)	23b. ADDRESS <u>2438 Woodson Rd Overland Mo.</u>	23c. DATE SIGNED <u>Apr 17, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-20-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Val Halla</u>	24d. LOCATION (City, town, or county) (State) <u>Pagedale Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-18-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Romke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Hilleman</u>	ADDRESS <u>Funeral Home Overland Mo.</u>
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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.....

Earl S. Dlemar

Licensed Embalmer No.

350

P. O. Address.....

Orlando

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.