

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2869

STATE FILE NUMBER

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

782

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Foristell 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hosp.		d. STREET ADDRESS (If outside, give location) R. #1 Box 88	
3. NAME OF DECEASED (Type or print) First Charles Middle Edward Last Ette		4. DATE OF DEATH Month Jan. Day 21, Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan. 23, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Sacks Electric	11. BIRTHPLACE (City and state or country) East St. Louis, Ill.
13a. FATHER'S NAME James H. Ette		13b. MOTHER'S MAIDEN NAME Alvina Ahlert	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (List dates, times or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. 497-01-1514	17. INFORMANT Address Florence Brewen Foristell, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio sclerotic cordis vas. dis. DUE TO (b) Arterio sclerosis obliterans both legs. DUE TO (c) Cerebral arterio sclerosis. Acute Coronary Occlusion.			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years. 3 years. 2 months 1 hour.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE No No No	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 1956 to 1-21-58 and last saw him alive on 1-21-58 Death occurred at 6:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John G. Hammond M.D. (Degree or title)	22b. ADDRESS 634 N. Grand	22c. DATE SIGNED 1/21/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/24/58	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Chas. F. Stuart ADDRESS 1225 Union Bl.	25. DATE RECD. BY LOCAL REG. JAN 22 1958	26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. m&B.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. W. B. Embalmer*

Licensed Embalmer No. *3653*

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.