

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035249
STATE FILE NUMBER

MENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2536

FILED SEP 18 1961

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missour b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City | | Length of stay in 1b YRS | c. CITY OR TOWN University City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 932 Alanson | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 932 Alanson Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) LOUIS ETZKOW | | | 4. DATE OF DEATH September 7, 1961 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6-23-1907 | 9. AGE (last birthday) 55 | 10. IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Title Realty Co. | | 10b. KIND OF BUSINESS OR INDUSTRY Realty | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Sam Etzkow | | | 13b. MOTHER'S MAIDEN NAME Jennie Berkov | | | 14. NAME OF HUSBAND OR WIFE Esther M. Etzkow | |

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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) Unk. | | 16. SOCIAL SECURITY NO. Unk. | | 17. INFORMANT Mrs. L. Etzkow-932 Alanson | |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| IMMEDIATE CAUSE (a) Shock | | | 12 hours | | |
| DUE TO (b) Carcinoma of Pancreas | | | 6 months | | |
| DUE TO (c) | | | | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
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| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | | Month, Day, Year | |
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|--|--|--|--|------------------------------|--|--------|--|-------|--|
| 20d. INJURY OCCURRED WHILE AT WORK <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 Jan 1961 to Sept 7, 1961 and last saw ^{her} _{him} 9/7/61
Death occurred at 11⁰⁰ pm on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Alvin S. Wrenner, M.D. | | 22b. ADDRESS 8112 Delmar | | 22c. DATE SIGNED 9/7/61 | |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 9/10/61 | 23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. St. Louis County, Mo. | | 23d. LOCATION (City, town, or county) (State) | |
|--|--|-----------------------------|---|--|---|--|

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| 24. FUNERAL DIRECTOR Herman Rindskopf, Inc. 5216 Delmar | | 25. DATE RECD. BY LOCAL REG. 9-8-61 | | 26. REGISTRAR'S SIGNATURE John B. Murphy M.D. | |
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DATE AMENDED: 6-1-62, 19-1-61
INSTEAD OF: Esther J. Etzkow
BY AFFIDAVIT OF Funeral Director: Esther M. Etzkow

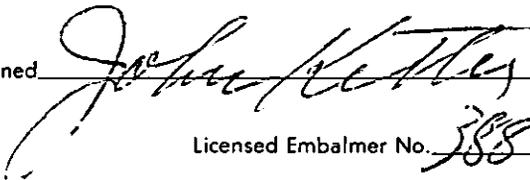
DOCUMENT VITING RECORD: 6-23-06 + 55

MEDICAL CERTIFICATION

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  _____

Licensed Embalmer No. 3880

P. O. Address _____

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.