

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

7635-62-028614  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

**FILED AUG 13 1962**

VS 300 Rev. 4/59	AMENDED	DATE AMENDED
1		
2		206
3		
4		2
5		1
6		
7		1
8		1
9		
10		
11		
12		75-0
13		75

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS CITY, MISSOURI</b>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>1335 Semple Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>RALPH</b> Middle Last <b>ETRESS</b>			4. DATE OF DEATH Month <b>AUG.</b> Day <b>2</b> Year <b>62</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>Oct. 17, 1889</b>		9. AGE (last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		
10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and state or country) <b>Rusting Louisiana</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>						
13a. FATHER'S NAME <b>Taylor Etrass</b>			13b. MOTHER'S MAIDEN NAME <b>Katie</b>			14. NAME OF HUSBAND OR WIFE <b>Hattie Mae Etrass</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Hattie Mae Etrass</b> Address <b>1335 Semple</b>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CONGESTIVE HEART FAILURE</b>									INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>HCVD ASHD</b>										
DUE TO (c) <b>443X</b>										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pneumonia Encephalomalacia, Diphtheria</b>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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 <b>St. Louis</b>		COUNTY <b>St. Louis</b>		
20f. CITY, TOWN, OR LOCATION		20g. COUNTY		20h. STATE		21. I attended the deceased from <b>7-22-62</b> to <b>8-2-62</b> and last saw her/him alive on <b>8-2-62</b> Death occurred at <b>3:15 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>[Signature]</i> (Degree or title)			22b. ADDRESS <b>1515 LAFAYETTE AVENUE</b>			22c. DATE SIGNED <b>8-2-62</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8-9-62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		23d. LOCATION (City, town, or county) <b>St. Louis County</b>		STATE <b>Mo.</b>		
24. FUNERAL DIRECTOR <b>E. B. Koonce</b> ADDRESS <b>1221 N. Grand</b>			25. DATE RECD. BY LOCAL REG. <b>AUG. 4 1962</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

USE BLACK INK OR TYPEWRITER RIBBON

**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 Milvan Blackbeard  
Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand Ave

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.