REC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27468
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 6968

(c) or City St. Louis (d) Street No. Missouri Baptist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sallie Etter 31-12

(a) Residence, No. 1424 S. Vandeventer Ave. St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Etter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1851

7. AGE: YEARS 87 MONTHS 7 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

FATHER
13. NAME James O'Mohundro
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

MOTHER
15. MAIDEN NAME Mary Ellis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

17. INFORMANT (ADDRESS) Laura Upchurch 7412 Ethel Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pacific Mo. Cem. DATE Aug. 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robert J. Ambruster Clayton Road at Concordia Lane

20. FILED AUG 11 1939 19 J. F. Bruhat (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/17, 1939, to 8/10, 1939
I last saw her alive on 8/9, 1939 Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia (?)
Bronchial or septic (?)

Date of onset

Other contributory causes of importance:
Infection of back
fracture of hip

Name of operation ..... Date of .....
What test confirmed diagnosis? Observation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/10, 1939
Where did injury occur? home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Fall
Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) [signature], M. D.
(Address) 4952 Maryland Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X16605

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 Edward H Bockhorst, Registered Apprentice No. ....., working under my personal supervision.

Signed Edward H Bockhorst

Licensed Embalmer No. 2502

P. O. Address Chariton 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 this body is not embalmed, above space should be left blank.