25 1939

DEPARTMENT OF COMMERCE — BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37150

Registration District No. 784 | Primary Registration District No. 106 | Registrar's No. 1875

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Kirkwood, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 328 W. Argonne Dr (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: Life (Specify whether years, months or days)

NOV 9 1939

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Kirkwood (If outside city or town limits, write "RURAL")
(d) Street No.: 328 W. Argonne Dr (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: George F. Etzkorn 326
3. (b) If veteran, name war: ____ 3. (c) Social Security No.: ____

4. Sex: Male | 5. Color or race: White | 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary K. 6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: June (Month) 8 (Day) 1862 (Year)

8. AGE: Years 77 | Months 4 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace: Fort Madison, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: Properitor
11. Industry or business: Lumber Company

FATHER
12. Name: John Etzkorn
13. Birthplace: Iowa (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: George Etzkorn
(b) Address: 855 N. Kirkwood Rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/26/39 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peters Cem. Kirkwood
18. (a) Signature of funeral director: Louis H. Boyce
(b) Address: 1131 W. Argonne Dr. Kirkwood, Mo.
19. (a) OCT 25 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 23 year: 1939 hour: 8 minute: 40 P.M.
21. I hereby certify that I attended the deceased from Sept 16 ~~[illegible]~~, 1939 to Oct 23, 1939 that I last saw him alive on 10-23, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac dilatation	10-23-39
Due to Cystic epulitis	8 mos
arteriosclerosis	" "
Due to gangrene abdomen	3 wks
of leg	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: ✓ 93c
Of autopsy: ✓

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): ✓
(b) Date of occurrence: ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? ✓ (e) Means of injury: ✓

23. Signature: L. G. Durkin (M. D. or other) M.D.
Address: Kirkwood Mo Date signed 10/24/39

(Licensed Embalmer's Statement on Reverse Side)

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.

USE WRITING 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 Louis H Bopp, Registered Apprentice No. _____ working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.