

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 33726

Registration District No. 791

Primary Registration District No.

Registrar's No. 8422

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3650a Dover Pl.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Hollie Conrad Setzekorn

3. (b) If veteran, name war None 3. (c) Social Security No. 489-03-8770

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Blossom Setzekorn 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct. 29th, 1892  
(Month) (Day) (Year)

8. AGE: Years 47 Months 11 Days 10 If less than one day hr. \_\_\_\_\_ min \_\_\_\_\_

9. Birthplace Mt. Vernon, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Metal Worker

11. Industry or business Ornamental Iron Works

12. Name Conrad Setzekorn

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Emelia Schupp

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R.C. Setzekorn

(b) Address 3650a Dover Pl.

17. (a) Burial (b) Date thereof 10-12-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Southern Trust Co.

(b) Address 6322 S. Grand Blvd.

19. (a) OCT 10 1940 (b) J.F. Fredrick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3650a Dover Pl.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9  
year 1940 hour \_\_\_\_\_ minute 2 p. M.

21. I hereby certify that I attended the deceased from Oct. 2 - 1940  
\_\_\_\_\_ 19\_\_\_\_ to Oct. 9 19\_\_\_\_  
that I last saw him alive on Oct 9 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions MI  
(Includes pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. Berg (M. D. or other) \_\_\_\_\_  
Address 2263 Hubbard Date signed 10/10/40

Dr Ralph Berg  
2253 Nebraska  
3-5

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

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