S. No. 2
I—1-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20016

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4828

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

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17
9
31

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: on street 1535 Delmar (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community City Hope #7 years, months or days)

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. Masonic Home (If rural, give location)
(e) Citizen of foreign country? 5351 Delmar (Yes or No)
If yes, name country No Attending Physician

3. (a) PRINT FULL NAME Clara M Ettinger

3. (b) If veteran, name war — 3. (c) Social Security No. —

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

6. (b) Name of husband or wife Henry Ettinger 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb (Month) 15 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
68	3	24	..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) O Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name Louis J Evans
13. Birthplace ..... (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name Elizabeth Gredell
15. Birthplace ..... (City, town, or county) O Mo (State or foreign country)
16. (a) Informant Henry Ettinger
(b) Address Masonic Home
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem
18. (a) Signature of funeral director Fred M Williams
(b) Address 1 Washington ave
19. (a) JUN 10 1941 (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1941 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Internal Hemorrhage from Kidney and Laceration of Peritoneum Subaracnoid Hemorrhage of the Brain when she was Struck by a Car Driven by Ida Mae Witlock Having Struck a Safety Ramp on the North Side of Delmar and Swevered to the South Side of Delmar Striking the Safety Cone and Deceased About 8:50 AM June 9, 1941

Duration

Due to: Due to: Due to: Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy:

PHYSICIAN

Underline cause which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Criminal Carelessness
(b) Date of occurrence June 9 - 1941
(c) Where did injury occur? St Louis (City or town) O Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature James J Fitzsimmons Coroner (M.D. or other) 3
Address ..... Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....2971.....

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 this body is not embalmed, fact should be so stated above.