No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32599

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1926

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town Normandy, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7626 Natural Bridge Road. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 68 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 76
(c) City or town Normandy. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7626 Natural Bridge Road. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Augustine Etavard.

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 Widow.

6. (b) Name of husband or wife Rene Etavard. 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June (Month) 5 (Day) 1842. (Year)

8. AGE: Years 99 Months 3 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace France. 5 (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business .....

FATHER
12. Name Dont Know.
13. Birthplace France. 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know.
15. Birthplace France. 5 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Etavard.
(b) Address 1228 Temple Place.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 9-17-41. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) SEP 16 1941 (Date received local registrar) (b) E. G. McGavran Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th.
year 1941 hour 11. minute 55P. M.

21. I hereby certify that I attended the deceased from 2-10, 1928, to 9-14, 1941;
that I last saw her alive on 9-14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis — Duration 2 da

Due to Arteriosclerosis — 10 to 12 yrs

Due to Myocarditis

Other conditions Chr Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

13 1/2

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 Scott Klinkerfuss (M. D. or other) MD
Address 340 Bermuda Date signed 9-16-41

(Licensed Embalmer's Statement on Reverse Side)

Dr Klinkerfus
340 Bermuda

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 Stanley Marshall

Licensed Embalmer No. 3840

P. O. Address 3840 Lindell

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

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