S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 26 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10610

State File No. 11

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 670

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town ~~St. Louis~~ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. St. Rose Sanatorium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Mos. (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iowa
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 4503 Bircher Blvd. 7 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME SHIRLEY ETTLING
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 5, 1926 (Month) (Day) (Year)

8. AGE: Years 18 Months 5 Days 6 If less than one day hr. min.

9. Birthplace St. Louis County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Winston G. Ettling
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Hanebrink
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Winston G. Ettling
(b) Address 4503 Bircher Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 14, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.
19. (a) MAR 13 1945 (Date received local registrar) (b) E. G. McGowan MD (Registrar's signature) BY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1945 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 6, 1944, to March 11, 1945; that I last saw her alive on March 11, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Far Adv. Pul. Tbc.	15 mo
Tbc. Peritonitis	5 days
Due to	
Due to	
Other conditions Tbc. Enteritis (Include pregnancy within 3 months of death)	
Empyema	

Major findings: Of operations
Of autopsy Same

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 John C. Murphy (M. D. or other) M. D.
Address 9101 So. Broadway Date signed 3-11-45

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1945

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 John Mlman

Licensed Embalmer No. 4686

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, fact should be so stated above.