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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15095

State File No.

0 JUN 4 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4631

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: 4907 NORTHLAND PL. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17 6

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4907 NORTHLAND PL.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROBERT LEE ETZKORN.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FLORENCE G

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased NOV. (Month) 26 (Day) 1876 (Year)

8. AGE: Years 68 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation VICE PRESIDENT

11. Industry or business PRESS SIGN Co

FATHER
12. Name JOHN ETZKORN
13. Birthplace ALSASE LORAIN 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA GIRARD
15. Birthplace ALSASE LORAIN 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Florence Etzkorn
(b) Address 4907 Northland P.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 26 1945 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director L Mullen Mud Co
(b) Address 5165 Delmar Bl.

19. (a) MAY 25 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1945 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 43 to May 23 1945 that I last saw him alive on May 23, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Parkinsons Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [illegible] (M. D. or other)

Address 634 h grand Date signed May

(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 H. G. Farris

Licensed Embalmer No. 3284

P. O. Address St. Louis

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.