

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16371

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. To

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><u>St. Charles</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><u>Missouri</u> b. COUNTY<br><u>St. Charles</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><u>O'Fallon</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><u>O'Fallon</u>   |  |
| c. LENGTH OF STAY (in this place)<br><u>five years</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>0920</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St. Mary's Institute</u>                          |  |   |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Sr. M. Lamberta</u> b. (Middle) <u>Etten</u> c. (Last) <u>Etten</u> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>May 9 1955</u> |  |  |
| 5. SEX<br><u>Female</u>   |  | 6. COLOR OR RACE<br><u>White</u>             |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u> |  |
| 8. DATE OF BIRTH<br><u>April 21, 1879</u>   |  | 9. AGE (In years last birthday)<br><u>76</u> |   | 10. IF UNDER 1 YEAR Months Days<br>11. IF UNDER 2 HRS. Hours Min.              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u>             |  | 10b. KIND OF BUSINESS OR INDUSTRY            |   | 11. BIRTHPLACE (State or foreign country)<br><u>Kuerpen, Germany</u>           |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>Germany</u>  |  |  |   |  |  |

|  |  |  |  |                                      |  |
|--|--|--|--|--------------------------------------|--|
| 13a. FATHER'S NAME<br><u>Sebastian Etten</u> |  | 13b. MOTHER'S MAIDEN NAME<br><u>Susanna Engels</u> |  | 14. NAME OF HUSBAND OR WIFE<br>----- |  |
|--|--|--|--|--------------------------------------|--|

|  |  |                                  |  |   |  |
|--|--|----------------------------------|--|---|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> <u>No</u> |  | 16. SOCIAL SECURITY NO.<br>----- |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>J. Mary Alicia G.P.S. O'Fallon, Mo.</u> |  |
|--|--|----------------------------------|--|---|--|

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 days</u> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  | II. OTHER SIGNIFICANT CONDITIONS:<br>Conditions contributing to the death but not related to the disease or condition causing death <u>SENESCENCE &amp; PEGNITATION</u> |  |   |  |

|                                     |  |   |  |  |  |
|-------------------------------------|--|---|--|--|--|
| 19a. DATE OF OPERATION<br><u>11</u> |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>4200</u> |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
|-------------------------------------|--|---|--|--|--|

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>1</u>                        |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>O'Fallon, MO</u> |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)<br><u>11:45 A.M.</u> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |

22. I hereby certify that I attended the deceased from 1954, to 29 Apr, 1955, that I last saw the deceased alive on 29 May, 1955, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

|   |  |                               |  |                                     |  |
|---|--|-------------------------------|--|-------------------------------------|--|
| 23a. SIGNATURE<br><u>Rene J. DuMontier M.D.</u> |  | (Degree or title) <u>M.D.</u> |  | 23b. ADDRESS<br><u>O'Fallon, MO</u> |  |
| 23c. DATE SIGNED<br><u>11 MAY 55</u>            |  |                               |  |                                     |  |

|  |  |                               |  |   |  |
|--|--|-------------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>           |  | 24b. DATE<br><u>May 12 55</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Convent Cemetery</u> |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>O'Fallon, MO</u> |  |                               |  |   |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG.<br><u>May 12 - 55</u> |  | REGISTRAR'S SIGNATURE<br><u>E.A. Keithley 280-D</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>H.C. Dallmeier &amp; Son, St Charles, Mo</u> |  |
|--|--|---|--|---|--|

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

No. 300  
10.48

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4832

P. O. Address St. Charles

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.