

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

40415

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St Louis* (No. *1920*)

S 12 Blvd

File No.....

Registered No. *12467*

Ward.....

2. FULL NAME

(a) Residence. No. *1920 512 Blm St.* *23* Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *47* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Josephine Kettel

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

April 1879

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

att. 47

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St Louis mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Joseph Kettel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Burnay

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Barbara Raysh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

14.

INFORMANT (Address)

*Josephine Kettel
1920 S 12 Blvd*

15.

DEC 31 1926 FILED

Max Starkoff

REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12/30* 19 *26*

17.

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on, 19, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* was as follows:

Carbon Monoxide Poisoning

San Healer (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

suicide (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed).....

H. W. Faith, M.D.
12/31, 1926 (Address) *Deputy Coroner*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St Peter & Paul

Jan 1 1927

20. UNDERTAKER

W. B. Moydell

ADDRESS

1924 Allen

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

