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

Do not use this space. 22340 B

JUL 2 1927

1. PLACE OF DEATH
County: St Louis — Registration District No. 784 — File No.
Township: St Ferdinand — Primary Registration District No. 6036 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Fred Kettenacker
(a) Residence. No. 3446 Oakdale Ave. St., ... Ward, ...
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ..... 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): m.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amelia Kettenacker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 27 1876

7. AGE: Years 50 — Months 7 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): England

PARENTS
10. NAME OF FATHER: Fred Kettenacker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: Eva Schuck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): England.

14. INFORMANT: Amelia Kettenacker
(Address): 3446 Oakdale Ave

15. FILED July 15th, 1927 — C. V. Schneider, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): July 13 1927

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1927, to July 12, 1927, that I last saw him alive on July 12, 1927, and that death occurred, on the date stated above, at 5 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cirrhosis of Liver
124-E
125-E
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Jaundice and abdominal dropsy (duration) ..... yrs. ..... mos. 20 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) [illegible], M. D
July 13, 1927 (Address) 4 [illegible] Fleming

*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: Walhalla Cemetery — DATE OF BURIAL: July 15 1927.

20. UNDERTAKER: Theo. W. Beiderwieden — ADDRESS: 1936 St. Louis Ave.

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.