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

Do not use this space.

12516

File No. 3040
Registered No.

1. PLACE OF DEATH

County: St. Louis
Registration District No.: 791
Township:
Primary Registration District No.: 1003
City: St. Louis (No. 500, S. Kingshighway St. Ward)

2. FULL NAME Oliver Ketelsen

(a) Residence. No. 4107 Wharf St., 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	—

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-2-'28

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	6	7	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER George
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (France)
(STATE OR COUNTRY) Alsace Lorraine
12. MAIDEN NAME OF MOTHER Rose Beelmann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis U.S.
(STATE OR COUNTRY) Ill

14. INFORMANT Husband
(Address) 5005 Kingshighway

15. MAR 11 1929, 19 Filed. Mark C. Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-9 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-8, 1929, to 3-9, 1929, that I last saw him alive on 3-9, 1929, and that death occurred, on the date stated above, at 5:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intussusception
Peritonitis, Acute
122B
129 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 1861
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes. DATE OF 3-8-29
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? operation & autopsy
(Signed) George S. Littell, M.D.
3-9, 1929 (Address) St. Louis Children's Hosp.

*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
Calvary	Mar 11 1929
20. UNDERTAKER	ADDRESS
Ny Leidner Und Co	N. Market St

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD