

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

Do not use this space.

40771

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 3136 - Osceola)

File No.....
 Registered No. 11411
 St. Ward)

2. FULL NAME

Webster Kettelkamp
 (a) Residence No. 3136 - Osceola St. 15 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 29, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 3 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Telegrapher
 (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 Rudolph Kettelkamp
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo
 12. MAIDEN NAME OF MOTHER Frieda Eisenbach
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Atlanta
 (STATE OR COUNTRY) Ga

14. INFORMANT Fred Sautter
 (Address) 3136 Osceola St

15. FILED May 15 1933
May C. F. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1930

17. I HEREBY CERTIFY, That I attended deceased from 19 28 19 29 that I last saw him alive on 3 Dec. 19 29, and that death occurred, on the date stated above, at 10:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
T.B. (duration) 2 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) T.B. Tuberculosis
of the Lungs (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? microscopic
 (Signed) Emile A. Bunt, M. D.
 (Address) 190 Cherokee

*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 New St. Marcus DATE OF BURIAL Dec 6 1930

20. UNDERTAKER Wacker-Helderle ADDRESS 2331 S Bldg

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

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.

