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

MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

14526

File No.

Registered No. 3912

1. PLACE OF DEATH

County

Township

City St Louis, Mo (No. Mo Baptist Hosp St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Anna Kettler (Mrs)

(a) Residence, No. St., 12 Ward. Columbia, Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 1864

7. AGE YEARS 67 MONTHS 3 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER

13. NAME John Bauman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Margarette Schaub

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Tony Wieschem Columbia Ills

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Ills DATE Apr. 22 1932

19. UNDERTAKER (ADDRESS) Schneider Undertaking Co Columbia Ill.

20. FILED APR 21 1932 19 Max C Harkley Registrar

(3) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19 — 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/13, 1932, to 4/18, 1932

I last saw her alive on 4/18, 1932. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1931
95B	
95B	
94B	
95A	

95B

Other contributory causes of importance:

probably coronary thrombosis
auricular fibrillation
cardiac decompensation

Name of operation none Date of

What test confirmed diagnosis? E.K.G. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Willard Bartley Jr., M. D.

(Address) 410 Metropolitan Bldg. St Louis Mo