

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

Do not use this space.

17998

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 5915 Garcke Ave)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4967  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

L. Perry Kettler  
(a) Residence, No. 5915 Garcke Ave., St. 7 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway mail clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 189

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) St. Louis 1

MOTHER FATHER 13. NAME Christian Kettler

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

15. MAIDEN NAME Agnes Telsan

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

17. INFORMANT Caroline Kettler (ADDRESS) 5915 Garcke Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Burial DATE May 23 1932

19. UNDERTAKER Bridgeway Funeral Home (ADDRESS) 1936 N. 4th St. St. Louis

20. FILED MAY 23 1932 Wm. C. [Signature] Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-25 1932, to 5-20 1932

I last saw him alive on 5-20 1932 Death is said

to have occurred on the date stated above, at 4:10 P.M.

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

angina pectoris  
arterio-sclerosis general  
91A 94W  
97  
Other contributory causes of importance:  
St. Vincent's infection L. ①  
mandibular

Date of onset

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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? No  
If so, specify \_\_\_\_\_

(Signed) Kouillon M. D.  
(Address) 4200 Olive

