

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

Do not use this space.

42567

**1. PLACE OF DEATH**

County..... Registration District No. 781  
Township..... Primary Registration District No. 1000<sup>0</sup>P  
City St. Louis (No. 6925, Magnolia Ave) St. .... Ward .....

File No. ....  
Registered No. 11709  
St. .... Ward .....

**2. FULL NAME** Robert P. Kettenbach

(a) Residence, No. 6925 Magnolia St. 4 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. 19, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 4 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... Druggist  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .... 161  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1932 to 12-26, 1932  
I last saw him alive on 12-26, 1932 Death is said to have occurred on the date stated above, at 9:30 A.M.  
The principal cause of death and related causes of importance were as follows:  
acute dilatation of heart  
arteriosclerosis

Date of onset 12-21

Other contributory causes of importance: arteriosclerosis

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

MOTHER FATHER 13. NAME Anton Kettenbach  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Leo R. Hunt  
(ADDRESS) 6925 Magnolia Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peter & Paul DATE 12-31 32

19. UNDERTAKER Wiegshauer, Martin  
(ADDRESS) 422 P. St. St. Louis

20. FILED DEC 29 1932 W. E. Standley  
Registrar.

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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 H P L Chas, M. D.  
(Signed) W. E. Standley  
(Address) 75 16 St. Louis

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

