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

Do not use this space.

14503

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
96 Township Carondelet — Primary Registration District No. 6248 — Registered No. 141
City ..... (No. Mt. St. Rose Hospital St. ..... Ward)

2. FULL NAME William Ketcherside
(a) Residence. No. 1011 Howard St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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.

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.

MAY 24 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
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) Sep. 23 - 1903
7. AGE: YEARS 29 — MONTHS 7 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Glass Plant -
(b) General nature of industry, business, or establishment in which employed (or employer): Plate Glass
(c) Name of employer
49
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo
PARENTS
10. NAME OF FATHER: Geo. Ketcheside
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Rosa Camden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
14. INFORMANT: James Ketcherside
(Address) 1011 Howard.
15. FILED 5/1 1933 L. C. Obrock M.D. L.A. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-28 1933
17. I HEREBY CERTIFY, That I attended deceased from 12-10-32, 19..., to 4-28, 1933, that I last saw him alive on 4-28, 1933, and that death occurred, on the date stated above, at 10:00 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gangrene of Lungs.
Tuberculous Empyema
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Silicosis
Pulmonary Tuberculosis
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Home
DID AN OPERATION PRECEDE DEATH? No DATE OF ——
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Charles Ehlers, M. D.
, 19 (Address) 9101 So Broadway

*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: St Matthews — DATE OF BURIAL: 5/2 1933
20. UNDERTAKER: Southern — ADDRESS: 6322 S. Grand