JAN 26 1934

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

Do not use this space.

41576

File No. 41576

Registered No. 10596

1. PLACE OF DEATH

County ..... Registration District No. 91

Township ..... Primary Registration District No. 03

City St Louis (No. ....., ... St. ..... Ward)

2. FULL NAME JOHN KETTLER

(a) Residence, No. 3916 N 9 TH St., 26 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 15 TH 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
51	—	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED STOVE MOULDER

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) AUSTRIA HUNGARIA

FATHER

13. NAME JOSEPH KETTLER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AUSTRIA HUNGARIA

MOTHER

15. MAIDEN NAME SUSANA NEMETH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AUSTRIA HUNGARIA

17. INFORMANT (ADDRESS) JUSTIN KETTLER 3916 N 9 TH

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem DATE Dec 12 TH 1933

19. UNDERTAKER (ADDRESS) Edward Koch 3516 N 14 TH St

20. FILED DEC 10 1933 J. A. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Dec 9, 1933

I last saw him alive on Dec. 9, 1933 Death is said to have occurred on the date stated above, at 9:00 P m.

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

Lenhaemia

92A 72 B

Date of onset

Other contributory causes of importance:

Name of operation ..... 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? .....

If so, specify .....

(Signed) Emmy Ross, M. D.

(Address) 1918 9 Grand av

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