

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

Do not use this space.

JAN 23 1935

**1. PLACE OF DEATH**

County St. Louis  
Township Carondelet  
City St. Louis (No. 1001)

Registration District No. 1123  
Primary Registration District No. 6248A  
Lemay Ferry Rd

File No. 45364  
Registered No. 424  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elizabeth Kettler  
(a) Residence, No. 1001 Lemay Ferry Rd 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 Female 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 Fred

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
70 0 16

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 96

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) Affton Mo.

13. NAME Fred Allgeier

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

15. MAIDEN NAME Eva Weinheimer

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

17. INFORMANT Fred Kettler  
(ADDRESS) 1001 Lemay Ferry Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Johns Cem. DATE 12-20-1934

19. UNDERTAKER C. Hoffmeyer & Co.  
(ADDRESS) 1178 1/2 So. Broadway

20. FILED Dec. 17, 1934 E. Maury Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1934, to Dec 17, 1934

I last saw her alive on Dec 16, 1934 Death is said to have occurred on the date stated above, at 5:47 m.

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

Cerebral Hemorrhage (Right Side) Date of onset 12/13/34

Other contributory causes of importance: arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy 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) W. H. Waters M. D.  
(Address) 3608 8th St. St. Louis, Mo.

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.

Wells ..

Box 7891

3600 So. ...  
15 P.M. 4. P.M.