

JAN 10 1938

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

43595
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791 1/2**
(b) Township..... Primary Registration District No. **1003**
(c) City..... **St. Louis** (d) Street No. **Bethesda Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **George W. Ketteman**

(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. **NR** **Ewing, Illinois**
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **W**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sarah Stewart Warren Ketteman**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 6, 1959**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 **8** **17**
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**
9. Industry or business in which work was done, as saw mill, bank, etc. **1**
10. Date deceased last worked at this occupation (month and year) **Retired** 11. Total time (years) spent in this occupation **Life**
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Red Key Indiana**
13. NAME **Jackson J. Ketteman**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Xenia Ohio**
15. MAIDEN NAME **Catherine Bray**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Reaser Ind**
17. INFORMANT (ADDRESS) **Fannie Melkey St. Louis Mo**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Ewing, Ill** DATE **Dec 24 1937**
19. FUNERAL DIRECTOR (ADDRESS) **Dreihmann Funeral 1905 Union Blvd**
20. FILED **DEC 24 1937** **J. G. Bredeck. Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-23-1937**
22. I HEREBY CERTIFY, That I attended deceased from **Dec 5** 19**37** to **Dec 23** 19**37**
I last saw him alive on **Dec 28** 19**37** Death is said to have occurred on the date stated above, at **1:30** p.m.
The principal cause of death and related causes of importance were as follows:
Trauma 1348
Other contributory causes of importance:
Hypertrophied Prostate
Urinary Calculus
Name of operation **Cystotomy** Date of **12-7-37**
What test confirmed diagnosis? 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 **John W. Stewart**, M. D.
(Signed) **John W. Stewart**
(Address) **1214 1/2 E. 12th 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.

114

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Robert M. Sanford*
Licensed Embalmer No. *2273*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)