

REC'D JUN 9 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
1003

16562

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No. **4423**  
 (c) City St. Louis (d) Street No. City Hospital No. 1 St. 1  
 (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

Sadie Kettenbach 351  
 (a) Residence, No. 1420 a Hadley St. 25 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 Pete Kettenbach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
Abt. 59 - - -

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. hwk  
 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

FATHER  
 13. NAME Peter Winkelstein

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

MOTHER  
 15. MAIDEN NAME Unknown.

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

17. INFORMANT (ADDRESS) Peter Kettenbach  
1420a Hadley St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery May 14 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beussel, Hechhaus  
1138 276 St

20. FILED MAY 14 1938 J. F. Brubaker  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/11/38 19

22. I HEREBY CERTIFY, That I attended deceased from 5/4/38, 19, to 5/11/38, 19.  
 I last saw h. hear on 5/11/38, 19. Death is said to have occurred on the date stated above, at 11.50 p  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
 Date of onset

Other contributory causes of importance:  
 Name of operation..... Date of.....  
 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?  
 If so, specify Richard P. Teth, M. D.  
 (Signed) Richard P. Teth City Hospital No. 1  
 (Address)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Larry M. Shultz*

Licensed Embalmer No. *3973*

P. O. Address .....

**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.)**

**If this body is not embalmed, above space should be left blank.**