

JUL 12 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20947

Registrar's No. 5791

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH: 1008

(a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: City Hospital #1
 (If not in hospital or institution, write street number or location) _____
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days)

8. (a) PRINT FULL NAME 916 Louisa Ketterer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife William Ketterer 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased May 8 1857
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 1 19 hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Weingardt

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Roeper (City, town, or county) (State or foreign country)

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lottie Fischer

(b) Address 3627 California Ave

17. (a) Burial (b) Date thereof June 30 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUN 29 1939 (b) J. Fischer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 124
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3627 California Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 28 1939
 year 1939 hour 8:56 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death fracture of Left femur, arthritis Duration _____

when deceased slipped and fell to floor in kitchen of her home

Due to June 23 - 1939 about 11:00 AM

Other conditions accident
 (Include pregnancy within 3 months of death)

Major findings: accident

Of operations _____

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically. X

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 6/23/39

(c) Where did injury occur? St. Louis Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Alfred J. Meyer (M. D. or other) _____
 Address Deputy Coroner Date signed 6/29/39

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 Francis J. Owens

Licensed Embalmer No.....

P. O. Address 2245

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.