

0.2  
13-40  
17-39  
X23159

FILED MAR 25 1941

Registration District No. 791 Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town St Louis mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL  
(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)

3. (a) PRINT FULL NAME Mary Kettelhorst

3. (b) If veteran, name war.....

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Oscar E. Nettelhorst 6. (c) Age of husband or wife if alive 1856 years

7. Birth date of deceased: April 27 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84	9	11	hr. min.
----	---	----	----------

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Anthony Schiermeyer

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

14. Maiden name Louise Unknown

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

16. (a) Informant Fred C. Nettelhorst

(b) Address 616 January - Ferguson Mo

17. (a) Burial (b) Date thereof 2 - 11 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) FEB 10 1941 (b) J. W. Bradley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town ST. Louis 19 60  
(If outside city or town limits, write "RURAL")

(d) Street No. 3004 St. Louis 9  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7  
year 1941 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from 1 - 21  
1941 to 2 - 7 1941;  
that I last saw h.e.x. alive on Feb 7 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to.....

Due to.....

Other conditions Diabetes mellitus + ulcers  
(Include pregnancy within 3 months of death)

Tim decum left foot

Major findings: 10/24

Of operations.....

Of autopsy Bronchopneumonia  
Gen'l. Arteriosclerosis

Duration 2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence.....

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

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

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature JR Bradley (M. D. or other).....

Address BARNES HOSPITAL Date signed 2-8-41

**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.....

*Fred Frick*

Licensed Embalmer No. 3186

P.O. Address S<sup>T</sup>. Louis, Mo.

**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, fact should be so stated above.**