

S. No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **481**
Registrar's No. **554**

FILED FEB 24 1942

Registration District No. _____ 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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Luthern Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Days
(Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 9335 Tesson Ferry Road
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Christine B. Kettler
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 16
year 1942 hour 6 minute 15 P.A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased November 26 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 6 to Jan 16
that I last saw her alive on Jan 16
and that death occurred on the date and hour stated above.

8. AGE: Years 40 Months 1 Days 21
If less than one day _____ hr. _____ min.

Immediate cause of death:
Influenza
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Home

11. Industry or business _____
12. Name Christof Hahn
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Angerer
15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

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)
(y) Means of injury _____

16. (a) Informant Edward H. Kettler Affton
(b) Address 9335 Tesson Ferry Road Mo.

17. (a) Burial (b) Date thereof Jan-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Hester-Blanchard and Son Co.
(b) Address 3634 Gravois Ave

19. (a) _____ (b) J. F. Bredeck
(Date received of local registrar) (Registrar's signature)

23. Signature W. Waggoner (M. D. or other) _____
Address 4738 Dunbar Ave Date signed 1/17/42

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.....

Robert A. Wheeler

Licensed Embalmer No.

2028

P. O. Address.....

Shawano

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.