

2265
S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8804

State File No.

2685

Registration District No. 22

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos., 9 Days
(Specify whether
In this community 18 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11th 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3726 St. Louis Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- 0

3. (a) PRINT FULL NAME Charles Kettler

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years
7. Birth date of deceased January 12, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 1 15 hr. min.

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

10. Usual occupation Cleaner

11. Industry or business Unknown

MOTHER FATHER
12. Name Fred L. Kettler
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Clara Struss
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital

17. (a) Burial (b) Date thereof 3-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director W. J. White

(b) Address City Hospital No. 1

19. (a) MAR 25 1942 (b) J. F. Diebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27
year 1942 hour 8:05 minute P. M.

21. I hereby certify that I attended the deceased from December
19, 1941 to February 27, 1942
that I last saw him alive on February 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder
urinary
Due to.....
Due to.....

Other conditions obstruction lower
(include pregnancy within 3 months of death) and both ureters

Major findings:
Of operations.....
Of autopsy None 52 lb

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 name of place) (Specify name of injury)
23. Signature Rese O. Coleman (M. D. or other)
Address 1515 Lafayette Ave. Date 2/28/42

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

D

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.....

Licensed Embalmer No.....

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, fact should be so stated above.