

FILED AUG 10 1942  
Registration District No. 78

Primary Registration District No. 6025

Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town WEINGARTEN  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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

3. (a) PRINT FULL NAME JOHN A KETTINGER

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELIZABETH DONZE

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased JUNE 12 1892  
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation MERCHANT

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name WILLIAM KETTINGER

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

14. Maiden name VICTORIA NEHR

15. Birthplace \_\_\_\_\_ PENN.  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Kettinger

(b) Address Weingarten Mo

17. (a) BURIAL (b) Date thereof 7-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEINGARTEN MO

18. (a) Signature of funeral director Les C. Basler

(b) Address St. Genevieve Mo

19. (a) July 24/42 (b) J. W. Douglas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town of Weingarten  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1942 hour 12:01 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death By Gun Shot wound entering the base of Brain 22 Cal Rifle.

Due to suicide

Due to (Verdict of Jury)

Other conditions  (Include pregnancy within 3 months of death)

Major findings:  Of operations 164C

Of autopsy

Duration \_\_\_\_\_

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) suicide

(b) Date of occurrence July 22nd 1942

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work?  (Specify type of place) \_\_\_\_\_  
(e) Means of injury gun

23. Signature Camille J. Hauman \_\_\_\_\_  
Address St. Charles Mo \_\_\_\_\_ Date signed 7/23/42

APR 25 1942

AMG 15 1942

SEP 2

10 1942

**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

*Geo. C. Baker*

Licensed Embalmer No. 1985

P. O. Address *St. Lawrence St.*

**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.**