

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Genevieve

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

(d) Street No. Rural St. Genevieve Twp.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH J KETTINLER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th
year 1943 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from March 3
1932 to January 24 1943
that I last saw her alive on Jan. 23 1943
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN KETTINLER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT 19 1893
(Month) (Day) (Year)

Immediate cause of death Cardio-Vascular Renal Disease 11 yrs.

Due to _____

Due to _____

Other conditions Cirrhosis of Liver 4 yrs.
(Include pregnancy within 3 months of death)

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

49 4 5 _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER

12. Name SERAPHIN DONZE

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

14. Maiden name MARY KOLLER

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

16. (a) Informant Margaret Kettinger
(b) Address Weingarten Mo

17. (a) Burial (b) Date thereof 1-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEINGARTEN MO

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

(b) Address St. Genevieve Mo

19. (a) Jan 25/43 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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 Arthur E. ... (M. D. or other) M.D.
Address St. Genevieve Mo Date signed 1-25-43

Duration

11 yrs.

4 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

95
0
0

APR 21 1943

RECEIVED

District Health Officer No. 4
District File Number 243-1729
Date Filed 2-8-43

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 Les C. Basher
Licensed Embalmer No. 1985
P. O. Address The American Ins

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.