

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4349
Registrar's No. 85

FILED JAN 19 1944
Registration District No. 317

Primary Registration District No. 6676

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural - Gravois Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8010 New Hampshire
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life. years, months or days

3. (a) PRINT FULL NAME Bernhard Kettler
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, widowed
6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 5th, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 4 _____ hr. _____ min.

9. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation retired truck farmer

MOTHER FATHER

11. Industry or business _____
12. Name Fred Kettler
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Meyer
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rudolph Koehler
(b) Address 8010 New Hampshire
17. (a) Burial (b) Date thereof 1/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director John J. Ziegenhain & Sons
(b) Address 7027 Gravois Ave.
19. (a) JAN 19 1944 (b) E. G. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Rural Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 8010 New Hampshire
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 9th
year 1944 hour 5 minute 55 A. M.
21. I hereby certify that I attended the deceased from Jan. 7, 1944, to Jan 9, 1944
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 2 days
Nephritis chr
Arterio-sclerosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____ 1316
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 W. Wagenbach (M.D. or other)
Address 4738 Benton St. Date signed 1/10/44

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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.