V. S. No. 2
100M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14562

FILED APR 23 1945

Registration District No. 317 Primary Registration District No. 6026 Registrar's No. 760

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution: 2629 BURNS (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

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

(d) Street No. 2629 BURNS (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Kenneth Kettmann

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M.O

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Sept 17 1940 (Month) (Day) (Year)

8. AGE: Years 4 Months 6 Days 6 If less than one day hr. min.

9. Birthplace ST LOUIS CO MO (City, town, or county) (State or foreign country)

10. Usual occupation N.L.

11. Industry or business

FATHER
12. Name HARRY Kettmann
13. Birthplace ST LOUIS CO MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agnes Schleper
15. Birthplace Bridgeton MO (City, town, or county) (State or foreign country)

16. (a) Informant Harry Kettmann

(b) Address 2629 Burns

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-45 (Month) (Day) (Year)

(c) Place: burial or cremation SACRED HEART CEM

18. (a) Signature of funeral director ORTMANN F. HOME

(b) Address 9222 LACKLAND OVERLAND MO

19. (a) MAR 26 1945 (Date received local registrar) (b) E G McGauran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1945 hour 3:10 minute P M.

21. I hereby certify that I attended the deceased from 12-10, 1944, to 3-23, 1945; that I last saw him alive on 3-23, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lymphatic Leukemia	4 mo
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy — 74A	

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) —

(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? — (Specify type of place)

While at work? — (e) Means of injury? —

23. Signature Herman J Kloecker (M. D. or other) M.D.

Address 9621 Lackland Rd. Date signed 3-23-45

(Licensed Embalmer's Statement on Reverse Side)

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. Al C Ortmann

Licensed Embalmer No. 3478

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.