

**FILED** OCB181945

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5534 Devonshire Ave /  
(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 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5534 Devonshire Ave 9 14  
(If rural, give location)  
(e) Citizen of foreign country? 0  
(Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Kettmann

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 8 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 7 27 hr. \_\_\_\_\_ min.

9. Birthplace Memphis Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at Home

MOTHER FATHER { 12. Name Henry Bergmann  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Lisette Unknown  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Kettmann  
(b) Address 5534 Devonshire Ave

17. (a) Burial (b) Date thereof 10 8 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter Paul

18. (a) Signature of funeral director Kriegshausner  
(b) Address 4228 So. Kingshighway

19. (a) OCT 7 1945 (b) J. D. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5  
year 1945 hour 4 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 17 1945  
to Oct 5 45, 1945  
that I last saw her alive on Oct 5, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Bronchio Pneumonia 5 days  
Cerebral Hemorrhage 6 weeks

Due to Hypertension 4 yrs

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature J. D. Bredeck (Specify type of place) \_\_\_\_\_  
(M. D. or other) \_\_\_\_\_  
Address 3703 Olive St St Louis Mo Date signed 10/6/45

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

0  
7  
9

3433  
25 230  
Blair

**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 Richard W. Storrson  
Licensed Embalmer No. 4007  
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.**