S. No. 2
M—5-43
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I X36671

11380

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

FILED MAY 8 1946

State File No. 12471

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 142

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

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

(c) Name of hospital or institution: ST. FRANCIS O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community LIFE TIME years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CAPE GIR 16

(c) City or town CAPE GIRARDEAU. (If outside city or town limits, write "RURAL") 1

(d) Street No. 322 No. FREDERICK (If rural, give location) 4

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME PAUL W. KETTERER

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

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED 2

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

7. Birth date of deceased FEB. (Month) - 23 (Day) - 1882 (Year)

8. AGE: Years 64 Months 2 Days 2 If less than one day hr. min.

9. Birthplace CAPE GIRARDEAU. Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation BAKER

11. Industry or business BAKERY

FATHER
12. Name ANTON KETTERER
13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Rosina Girot
15. Birthplace Scott CO (City, town, or county) (State or foreign country) 0

16. (a) Informant MISS HELEN KETTERER.

(b) Address CAPE GIRARDEAU. Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-27-46 (Month) (Day) (Year)

(c) Place: burial or cremation FAIRMOUNT CEM

18. (a) Signature of funeral director Walthers Und. Co

(b) Address Cape Girardeau Mo.

19. (a) 4-26-46 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1946 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from Jan 1946 to April 24 1946 that I last saw him alive on 4/24 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Congestive Heart disease	
Due to: Cardio renal-Vascular disease	1 year
Due to: ✓	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

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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 ✓ 0

23. Signature [signature] (M. D. or other) MD

Address Cape Girardeau Mo Date signed 4/26/46

44 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 546-207

Date Filed 5-7-46

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau Mo.

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.