

S. No. 2
M-2-43
5-17-39
P1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17424**
Registrar's No. **50**

FILED JUN 10 1946
Registration District No. **277**

Primary Registration District No. **3045**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
16305

1. PLACE OF DEATH:
(a) County **Mississippi**
(b) City or town **Charleston**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community **65 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County **Mississippi**
(c) City or town **Charleston**
(If outside city or town limits, write "RURAL")
(d) Street No. **118 W. Commercial** (If rural, give location) **2**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Annie Marie Ketterer**

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

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 11, 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 18 hr. min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Invalid for years.**

11. Industry or business _____

12. Name **Bernard Ketterer**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Amelia Straub**

15. Birthplace **Baden-Baden, Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Rose Ketterer**

(b) Address **118 W. Comm., Charleston, Mo**

17. (a) **Burial** (b) Date thereof **5-2-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery.**

18. (a) Signature of funeral director **J. F. Hummel**

(b) Address **Charleston, Mo**

19. (a) **5-18-46** (b) **Mrs. John Borchert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **29th**
year **1946** hour **4:15** minute _____ P.M.

21. I hereby certify that I attended the deceased from **Mar 5**
_____ 19**46** to **Apr 29** 19**46**
that I last saw h. **E.R.** alive on **Apr 12 9** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis** Duration _____

Due to _____

Due to _____

Other conditions **General arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: **none** Of operations _____

Of autopsy **none** 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 **E. Christy** (M. D. or other) _____
Address **Charleston, Mo** Date signed **5/7/46**

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RECEIVED

District Health Office No. 2,

District File Number 646-702

Date Filed 6-6-46

JUN 18 1946

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..... *Joe R. Nunnelee*

Licensed Embalmer No. 4413

P. O. Address..... Charleston, 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.