

No. 2
-12-45
-17-39
X47070

State File No. _____

FILED APR 8 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3284

1. PLACE OF DEATH:

(a) County St. Louis Mo.
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Mary's
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1847 S. Broadway
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Theodore Ketter
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March Day 11
 year 1947 hour 3:00 minute _____ M.
 21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____;

4. Sex Male 5. Color of hair Brown
 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased _____ (Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE: Years _____ Months _____ Days _____
 If less than one day _____ min.

Duration _____
 Due to Coronary Thrombosis
 Due to M.I.
 Other conditions _____
 (Include pregnancy within 3 months of death)

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

Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Thos F. Callahan
 (b) Address 1300 Oak

17. (a) Anatomical Board Date thereof 3-18-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director W. J. Bredesch
 (b) Address 350 Rutledge
 19. (a) MAR 28 1947 (b) J. F. Bredesch
 (Date received local registrar) (Registrar's signature)

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? 0

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature John E. ... (M. D. or other) _____
 Address _____ Date signed 3/11/47

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

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.