

FILED MAY 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4527

1. PLACE OF DEATH:

(a) County _____
(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. Louis Maternity Hospital
(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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5321 Claxton
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Infant Male Ketchum

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced ○
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 2 years 1947
7. Birth date of deceased May 2 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 19 hr. 5 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Walter Ketchum
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jane Austin
15. Birthplace Grafton, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Ketchumm
(b) Address Claxton, Ave 5321
Grafton, Ill
17. (a) Grafton, Ill (b) Date thereof May 5
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grafton, Ill

18. (a) Signature of funeral director Math., Hermann & Son
(b) Address 2161 East Fair, Ave

19. (a) MAY 14 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day third
year 1947 hour 7 minute 50 a. M.

21. I hereby certify that I attended the deceased from 5-2-47
to 5-3-47, 19____, to 5-3-47, 19____;
that I last saw him alive on 5-3-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death PREMATURITY

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 159
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? _____

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

23. Signature Frank P. Kismuth (M. D. or other) _____
Address St. Louis Children's Hosp Date signed 3 May 1947

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed *William H. Burkholz*

Licensed Embalmer No. *240*

P. O. Address. *St Louis 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.