No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39830

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10426

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

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: 1926 Montgomery
(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 6-00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1926 Montgomery 9
(If rural, give location)

26

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

If yes, name country

3. (a) PRINT FULL NAME Mayme J. Ketcher

3. (b) If veteran, name war -

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Max Ketcher

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

7. Birth date of deceased December (Month) 26 (Day) 1884 (Year)

8. AGE: Years 62 Months 10 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name James Clifford
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Mary Casey
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Alice Brandes
(b) Address 5564 Elizabeth Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) NOV 12 1947 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1947 hour 9 minute 23 M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw her alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aneurysm

Due to

Due to

Other conditions 96
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 3

23. Signature Alfred J. Perry DDS (M. D. or other)
Address Deputy Coroner Date signed 11-12-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Emb. separate cert filed

NOV 12 1947

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 Lene Hoffman

Licensed Embalmer No. 4366

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.