

National Office of Vital Statistics
FILED MAR 4 1948
Registration District No. **318**

Primary Registration District No. **1005**

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

1. PLACE OF DEATH **318**

(a) County: **St. Louis**

(b) City or town: **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Barnes Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **4 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Illinois** (b) County: **999**

(c) City or town: **Cairo** (If outside city or town limits, write "RURAL") **11**

(d) Street No: **U.R** (If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No) **2**

If yes, name country: _____

3. (a) PRINT FULL NAME: **Anthony Kettle**

3. (b) If veteran, name war: **Unknown**

3. (c) Social Security No.: **Unknown**

4. Sex: **Male** 5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Blanche**

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

7. Birth date of deceased: **June 13, 1900**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	8	6	hr. min.

9. Birthplace: **Lutesville, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Electrician**

11. Industry or business: **Building Trade**

12. Name: **Michael Kettle**

13. Birthplace: **New Hamburg, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name: **Catherine Voyt**

15. Birthplace: **Unknown, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Blanche Kettle**

(b) Address: **Cairo, Illinois**

17. (a) **Removal** (b) Date thereof: **2/20/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Cairo, Illinois**

18. (a) Signature of funeral director: **C. Hoffmeister U&L Co.**

(b) Address: **7814 S. Broadway St. Louis, Mo.**

19. (a) **Feb 2, 1948** (b) **J. F. Bradley**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **Feb** day: **19**
year: **1948** hour: **8** minute: **45 p.** M.

21. I hereby certify that I attended the deceased from **Feb 15** 19**48** to **Feb 19** 19**48**,
that I last saw him alive on **Feb 19** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute left-sided heart failure**

Due to: _____

Due to: **Carcinoma of lung, right**

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

Major findings: _____
Of operations: _____

Of autopsy: **As above**

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)

White at work? _____ (e) Means of injury: **5**

23. Signature: **J.R. Bradley** (M. D. or other) **5**

Address: **Barnes Hospital** Date signed: **2/20/48**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

EMERALD CITY

noil

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 *Levin C Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.