

FILED OCT. 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29529

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>311</u>	
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u> c. LENGTH OF STAY (in this place) <u>LIFE</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOWARD NURSING HOME</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CAPE GIR.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u> d. STREET ADDRESS (If rural, give location) <u>713 MORGAN OAK ST.</u>			
3. NAME OF DECEASED (Type or Print) <u>BERTHA B. KETTERER</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH <u>9-17-1949</u> (Month) (Day) (Year)				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Nov. 4-1876</u>	9. AGE (In years last birthday) <u>72</u>	10. MONTH <u>9</u>	11. DAY <u>13</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAMSTRESS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>REMODELING</u>		11. BIRTHPLACE (State or foreign country) <u>CAPE GIRARDEAU, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>ANTON KETTERER</u>		13b. MOTHER'S MAIDEN NAME <u>ROSINA GERST</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-05-4075</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MISS HELEN KETTERER</u> ADDRESS <u>CAPE GIR.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension and</u> DUE TO (c) <u>arteriosclerotic cardio-vascular renal disease.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>renal disease.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Sept 16, 1949</u> , to <u>Sept 17, 1949</u> , that I last saw the deceased alive on <u>Sept 17, 1949</u> , and that death occurred at <u>1:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Charles F. Wilson M.D.</u>		23b. ADDRESS <u>714 Broadway Cape Girardeau Mo.</u>			23c. DATE SIGNED <u>9-19-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLD LORIMIER.</u>		24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO.</u>	
DATE REC'D BY LOCAL REG <u>9-19-1949</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthus Funeral Home Cape Gir. Mo.</u> ADDRESS _____			

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

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RECEIVED 9-26-49

Officer No. 4

949-1

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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed Virgil K. Kelch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.