

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39758

State File No. 04527

Registrar's No.

96  
110

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 220	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FLORISSANT 11		c. LENGTH OF STAY (in this place) 6 Days	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Halls Ferry Memorial Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 11 1/2	
3. NAME OF DECEASED a. (First) Herman F. Kettler b. (Middle) c. (Last)		4. DATE OF DEATH Nov 26 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STARY. ENG.		10b. KIND OF BUSINESS OR INDUSTRY RET.	9. AGE (In years last birthday) 78
13a. FATHER'S NAME Bernard Kettler		13b. MOTHER'S MAIDEN NAME Elizabeth Nabor	11. BIRTHPLACE (State or foreign country) Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-09-8447	12. CITIZEN OF WHAT COUNTRY? USA
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		14. NAME OF HUSBAND OR WIFE Ada Kenosha Kettler	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada Kettler ADDRESS 5086 Aflington	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH 42 2/3	
DUE TO (c)		19. DATE OF OPERATION	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19b. MAJOR FINDINGS OF OPERATION 422.1	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21f. HOW DID INJURY OCCUR	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Nov 20, 1949, to Nov 26, 1949, that I last saw the deceased alive on Nov 26, 1949, and that death occurred at 9:30 A.M., from the causes and on the date stated above.	
23a. SIGNATURE H. S. Leaver M.D.		23b. ADDRESS 2739 - 91 - Grand	
23c. DATE SIGNED 11-26-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Nov 29, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE 4746 ADDRESS Bronschwig and Son W. Florissant	
DATE REC'D BY LOCAL REG. 11-28-49		REGISTRAR'S SIGNATURE Herbert R. Womack M.D.	

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

LINDELL 10/25/2006

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed By W Wilkerson

Licensed Embalmer No. 3575

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.