

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7159  
State File No. ....

BIRTH NO.		REG. DIST. NO. <b>317</b>	PRIMARY REG. DIST. NO. <b>6076</b>	Registrar's No. <b>581</b>
1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mattese Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mattese</b>		
c. LENGTH OF STAY (in this place) <b>YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>Fern Beach R.R. 8</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fern Beach R.R. 8</b>				
3. NAME OF DECEASED (Type or Print) <b>Edward</b>		a. (First)	b. (Middle) <b>Ketcherside</b>	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 5 1950</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 22 1910</b>	9. AGE (In years last birthday) Months Days <b>39 2 13</b>
10a. USUAL OCCUPATION (Give title of work done during most of working life. If retired) <b>Cran Lft.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Union Electric</b>	11. BIRTHPLACE (State or foreign country) <b>Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph Ketcherside</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Rulo</b>		14. NAME OF HUSBAND OR WIFE <b>Grace Ketcherside</b>
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>492-10-7485</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Grace Ketcherside R.R. 8 - Geny</b>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause lost.  DUE TO (b) <b>Come undetermined</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>7955</b>		INTERVAL BETWEEN ONSET AND DEATH <b>about 1 yr.</b>
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) <b>St. Louis, Mo.</b>
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? <b>5 march 50</b>
22. I hereby certify that I attended the deceased from <b>4 March</b> , 19 <b>50</b> , to <b>5 March 50</b> , that I last saw the deceased alive on <b>4 March</b> , 19 <b>50</b> , and that death occurred at <b>4:15 A.M.</b> from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Thomas E. Buraw, M.D.</b>		23b. ADDRESS <b>Mo. Pac. Hospital</b>		23c. DATE SIGNED <b>5 March 50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Y.B.</b>		24b. DATE <b>March 7/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bonne Terre Cmt</b>
24d. LOCATION (City, town, or county) (State) <b>Bonne Terre Mo</b>				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 6 1950</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wendell W. C. 7420 Midway Ave</b>		

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

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 *J. E. ...*

Licensed Embalmer No. 3860

P. O. Address *...*

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.