

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10668

State File No.

318

1003

2567

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 yr.		CITY OR TOWN Maplewood		4534	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Sanitarium				d. STREET ADDRESS (If rural, give location) 7230 Lyndover			
3. NAME OF DECEASED (Type or Print) a. (First) CLYDE		b. (Middle) C		c. (Last) KETCHAM		4. DATE OF DEATH (Month) (Day) (Year) MARCH 16 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 15th, 1880	
9. AGE (In years last birthday) 70		10. UNDER 1 YEAR (Months) 0 (Days) 1		11. UNDER 4 HRS. (Hours) (Min.)		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Agent				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Coin, Iowa	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME David Ketcham		13b. MOTHER'S MAIDEN NAME Abigail Peck		14. NAME OF HUSBAND OR WIFE Ruth Ketcham			
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs Ruth Ketcham ADDRESS 7230 Lyndover Maplewood, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia bilateral				INTERVAL BETWEEN ONSET AND DEATH 3 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arteriosclerotic Heart Disease					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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)		4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 11/1/1948, to March 16 1950, that I last saw the deceased alive on March 16, 1950, and that death occurred at 12:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE R. Hoffmiller M.D.				23b. ADDRESS 5400 Arsenal St		23c. DATE SIGNED 3/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/18/50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.		24d. LOCATION (City, town, or county) (State) St. Charles Mo.	
DATE REC'D BY LOCAL REG. MAR 17 1950		REGISTRAR'S SIGNATURE J. B. Slaughter		25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith ADDRESS 7450 Manchester Rd. Maplewood, Mo.			

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 _____

H. P. Burgess

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.