

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24947

State File No.

6365

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | 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 | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) ST LOUIS | | c. LENGTH OF STAY (In this place) township) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS | | 2259 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mississippi River foot of Osage St. | | | | d. STREET ADDRESS (If rural, give location) 25 1420 MADLEY 0 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) PETER | | b. (Middle) KETTENBACH | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) 7-4-50 | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | 8. DATE OF BIRTH abt. 1861 | |
| 9. AGE (In years last birthday) 89 | | if UNDER 1 YEAR Months Days | | if UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ODD JOBS | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) HUNGARY | |
| 12. CITIZEN OF WHAT COUNTRY? 8 | | 13a. FATHER'S NAME ANDREW KETTENBACH | | 13b. MOTHER'S MAIDEN NAME MARY RENARD | | 14. NAME OF HUSBAND OR WIFE SADIE GENKEL | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN | | 16. SOCIAL SECURITY NO. UNKNOWN | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Kelly 2331 Mullamphy | | | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation due to drowning when found in Mississippi River at the foot of Osage St on July 4 1950 about 11:15 AM ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Blue Peace Cause and DUE TO Manner of same could not be determined | | | | INTERVAL BETWEEN ONSET AND DEATH 11:15 AM | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. be determined | | 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION odd open Verdict | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. MANNER OF DEATH (Specify) Verdict | | 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) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 89298 | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:15 AM , from the causes and on the date stated above. H. J. | | | | | | | |
| 23a. SIGNATURE W. J. Porter (Degree or title) | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 7/27/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 7-27-50 | | 24c. NAME OF CEMETERY OR CREMATORY CALVARY | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO | |
| DATE REC'D BY LOCAL REG. 7-25-50 | | REGISTRAR'S SIGNATURE J. B. Hunter | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bullen Kelly 4386 Lindell | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.461101
3

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 *Not Embalmed*

Licensed Embalmer No.

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.