

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42455
9398

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEMAY</u> <u>4870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>9455 SO. BROADWAY</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>JOHANNA</u> c. (Last) <u>KETTLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 2, 1950</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 16, 1887</u>	9. AGE (In years last birthday) <u>63</u>	10. UNDER 1 YEAR <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>

13a. FATHER'S NAME <u>AUGUST NOTTELMANN</u>		13b. MOTHER'S MAIDEN NAME <u>MARAGRET TIELKEMEIER</u>		14. NAME OF HUSBAND OR WIFE <u>HERMAN KETTLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ED. SCHROETER LEMAY, MISSOURI</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation of Heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy, Left Ventricle</u>		<u>5 yrs.</u>
	DUE TO (c) <u>Generalized Arterio-sclerosis</u>		<u>5 "</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Edema</u>		<u>1 1/2 hrs.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>2:00 PM 11/3/50</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4500</u>	

22. I hereby certify that I attended the deceased from Jan. 1, 1945, to Nov. 3, 1950, that I last saw the deceased alive on Nov. 3, 1950, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. W. Peters</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>4145 a S. Grand Blvd.</u>	23c. DATE SIGNED <u>11/4/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 6, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. TRINITY CEMETERY</u>
		24d. LOCATION (City, town, or county) (State) <u>2000 LEMAY FERRY ROAD</u>

DATE REC'D BY LOCAL REG. <u>NOV 6 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasater</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>G. HOFFMEISTER</u> ADDRESS <u>7814 SO. BROADWAY, ST. LOUIS, MO.</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Harry Schumacher

Signed.....

Student Embalmer

Licensed Embalmer No.

2679

P. O. Address

7814 T. Broadway

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.