

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3385

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>236</u>				
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				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>LEMAY</u>		c. LENGTH OF STAY (In this place) <u>67</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEMAY</u> <u>4890</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9455 S. BROADWAY</u>				e. STREET ADDRESS (If rural, give location) <u>9455 SO. BRADWAY</u>						
3. NAME OF DECEASED (Type or Print) <u>HERMAN</u>			a. (First) <u>C.</u>		b. (Middle) <u>KETTLER SR.</u>		c. (Last)			
4. DATE OF DEATH <u>JAN. 26, 1951</u>				4. DATE (Month) (Day) (Year)						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB. 25, 1869</u>		9. AGE (In years last birthday) <u>81</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>****</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>(UNK) KETTLER</u>			13b. MOTHER'S MAIDEN NAME <u>CAROLINE MEYER</u>			14. NAME OF HUSBAND OR WIFE <u>CLARA</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HERMAN KETTLER JR., 9455 SO. BROADWAY LEMAY</u>					ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>					5 "	
				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 <u>4221</u>						20. AUTOPSY? YES <input 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) (m.)		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 <u>Jan. 1, 1949</u> , to <u>Jan. 26, 1951</u> , that I last saw the deceased alive on <u>Jan. 25, 1951</u> , and that death occurred at <u>7:25A. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>[Signature]</u>				b. (Degree or title) <u>0</u> <u>M.D.</u>		23b. ADDRESS <u>4145 a S. Grand Blvd.</u>		23c. DATE SIGNED <u>1/26/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 29, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLD ST. JOHN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MEHLVILLE, MISSOURI</u>				
DATE REC'D BY LOCAL REG. <u>1-28-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISTER U. & L. CO.</u>					
					ADDRESS <u>7814 SO. BROADWAY, ST. LOUIS, MO.</u>					

RWR (Licensed Embalmer's Statement on Reverse Side)

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

Linus C. Hoffmeister

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.