

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6296**
Registrar's No. **1393**

FILED FEB 23 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Inroute to City Hospital		d. STREET ADDRESS (If rural, give location) 2007 Madison St	

3. NAME OF DECEASED (Type or Print) a. (First) Wilbert b. (Middle) c. (Last) Kettler			4. DATE OF DEATH (Month) (Day) (Year) 2 9 51		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 22-1908	9. AGE (In years last birthday) 42	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Simpson. Co	11. BIRTHPLACE (State or foreign country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Louis Kettler	13b. MOTHER'S MAIDEN NAME Minnie Kralmann	14. NAME OF HUSBAND OR WIFE Ida Kettler
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 Ida Kettler ADDRESS 2007 Madison St

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) My pertension, myocarditis, nephritis		INTERVAL BETWEEN ONSET AND DEATH
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above causes (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	3. 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 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? HH 3X

22. I hereby certify that I attended the deceased from **Jan 20, 1951** to **Feb 9, 1951**, that I last saw the deceased alive on **February 3, 1951**, and that death occurred at **7:30 P. M.**, from the causes and on the date stated above.

22a. SIGNATURE Henry A. Hassett M.D.	22b. ADDRESS 607 N. Grand Bl	22c. DATE SIGNED Feb 10, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-12-1951	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, County Mo		

DATE RECD BY LOCAL REG. FEB 12 1951	REGISTRAR'S SIGNATURE J B Lacater	25. FUNERAL DIRECTOR'S SIGNATURE Leidner U. ADDRESS 2223 St. Louis Ave.
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(Increased 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 me

working under my personal supervision.

Student Embalmer No.

Signed [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 2699

P. O. Address [Signature]

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.