

S. No. 300  
V. 10.48

FILED JUN 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19011

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2346

4000  
A

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

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gardenville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gardenville 4820</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Miller Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>4917 Seibert 0</b>	
3. NAME OF DECEASED a. (First) <b>Anna</b> b. (Middle) c. (Last) <b>Kettler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 4, 1951</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept 29, 1859</b>
9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St Louis, Mo. 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Diederich Kettler</b>	
13b. MOTHER'S MAIDEN NAME <b>Louisa Dammermann</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Victor Gutzell 4917 Seibert</b>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerotic Heart Disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>yes</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 <b>420.0</b>		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)	
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 <b>Jan 1949</b> , to <b>June 4, 1951</b> , that I last saw the deceased alive on <b>June 1, 1951</b> , and that death occurred at <b>7:30a</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Robert W. Tidmore M.D.</b>		23b. ADDRESS <b>P.O. Box 6, Springton, Mo</b>	23c. DATE SIGNED <b>6-4-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>6/6/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>N St Marcus Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>6-4-51</b>	REGISTRAR'S SIGNATURE <b>Robert Tidmore</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ziegenhein &amp; Sons 7027 Gravois</b>	

**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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.