

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36910

State File No.

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>St. Charles</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		• STREET ADDRESS (If rural, give location) <u>122 Huston St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) <u>F</u> c. (Last) <u>KETTLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 2, 1953</u>		
---	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 15, 1871</u>	9. AGE (In years last birthday) <u>82</u>	10. F UNDER 1 YEAR	11. F UNDER 24 HRS.
--------------------	-------------------------------	---	---------------------------------------	---	--------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Henry Kettler</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Weking</u>	14. NAME OF HUSBAND OR WIFE <u>Charlotte Stille 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>Mrs. Herman Kettler</u> ADDRESS <u>St. Charles, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 Day</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): <u>Uræmia</u>	DUE TO (b) <u>Prostatic Hypertrophy 3 yrs.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Ren Arterio sclerosis 10 yrs.</u>	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>4500</u>	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 Oct 30, 1953 to Nov. 2nd, 1953 that I last saw the deceased alive on Nov 2, 1953 and that death occurred at 5:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>A. P. Erieh Schutz, MD</u> (Degree or title)	23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>Nov. 3/53</u>
--	--------------------------------------	-----------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orchard Farm Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Orchard Farm, Missouri</u>
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Nov 3 1953</u>	REGISTRAR'S SIGNATURE <u>Francis Hamilton</u> ADDRESS <u>284-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bane</u> ADDRESS <u>St. Charles, Mo.</u>
--	--	--

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence M. Billo*.....

Licensed Embalmer No. *4375*.....

P. O. Address *St. Charles, Mo.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.