

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20778**  
Registrar's No. **4469**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>20778</b>		Registrar's No. <b>4469</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (in this place) <b>10 days</b>		c. CITY OR TOWN <b>Valley Park</b>		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 <b>Incarnate Word Hospital</b>				e. STREET ADDRESS (If rural, give location). <b>16 Ann Ave.</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen</b>			b. (Middle) <b>Margaret</b>			c. (Last) <b>Kettler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 16, 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 27, 1893</b>		9. AGE (in years last birthday) <b>60</b>		IF UNDER 1 YEAR: <b>5</b> Months <b>19</b> Days	IF UNDER 24 HRS. <b>19</b> Hours <b>Min.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Robert P. Sargent</b>				13b. MOTHER'S MAIDEN NAME <b>Jennie Hilderbrandt</b>			14. NAME OF HUSBAND OR WIFE <b>William H. Kettler</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (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>William H. Kettler Valley Park, Mo</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>Metastatic Carcinoma Rt. Lung</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 Mos.</b>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma Rt. Breast</b>						<b>6 Yrs.</b>			
		DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypostatic Pneumonia</b>						<b>24 hrs</b>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>170X</b>						
22. I hereby certify that I attended the deceased from <b>6 May 1954</b> , to <b>16 May 1954</b> , that I last saw the deceased alive on <b>16 May 1954</b> , and that death occurred at <b>1:00 p. m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Rosemary R. Linn M.D.</b>				23b. ADDRESS <b>Valley Park, MO</b>				23c. DATE SIGNED <b>17 May 1954</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/19/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart</b>		24d. LOCATION (City, town, or county) (State) <b>Valley Park, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>MAY 19 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Meyer-Pfitzinger Kirkwood, Mo.</b>						

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 *William H. Fitzinger*.....

Licensed Embalmer No. *431*.....

P. O. Address *Kukui*.....

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.