

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31938

Registrar's No. 8454

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 Mo c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN Hospital e. STREET ADDRESS (If rural, give location) 3304 COMPTON

3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) KETTERER c. (Last) KETTERER 4. DATE OF DEATH (Month) - (Day) (Year) SEPT. 13 1954

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH APRIL 9 1884 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 10b. KIND OF BUSINESS OR INDUSTRY BUTCHER 11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME CASMIR KETTERER 13b. MOTHER'S MAIDEN NAME VICTORIA ORSCHELL 14. NAME OF HUSBAND OR WIFE HELEN KETTERER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME HELEN KETTERER ADDRESS 3304 COMPTON

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic nephritis. MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
ANTECEDENT CAUSES DUE TO (b) Arterio sclerotic myocarditis 3 yrs.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Generalized arterio sclerotic 3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus. 10 yrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____ 442x

22. I hereby certify that I attended the deceased from 10-1 1945, to 9/10/54, that I last saw the deceased alive on 5/12/54, 1954, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] 23b. ADDRESS 5203 Chippewa 23c. DATE SIGNED 9/13/54

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE SEPT 16 1954 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION 24d. LOCATION (City, town, or county) ST. LOUIS (State) Mo

DATE REC'D BY LOCAL REG. SEP 15 1954 REGISTRAR'S SIGNATURE J. Earl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Leavis

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

Nov 1 0828

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 *Thomas C. Hill*

Licensed Embalmer No. *434*

P. O. Address *2906 Hill*

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.