

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25594**

FILED JUL 18 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1566**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission): a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton c. LENGTH OF STAY (In this place) AB 5 yrs		c. CITY OR TOWN Affton d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 824 Forman Road		e. STREET ADDRESS (If rural, give location) 824 Forman	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) F c. (Last) Kettler			4. DATE OF DEATH (Month) (Day) (Year) June 24 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 27 1884
9. AGE (In years last birthday) 72		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) Gardening		10b. KIND OF BUSINESS OR INDUSTRY gardner	11. BIRTHPLACE (City and State or Foreign Country) St. Louis County
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Fred Kettler	
13b. MOTHER'S MAIDEN NAME Caroline Meyer		14. NAME OF HUSBAND OR WIFE Augusta	
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. 493-42-0657	
17. INFORMANT'S SIGNATURE OR NAME Augusta Kettler		ADDRESS 824 Forman	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct		INTERVAL BETWEEN ONSET AND DEATH sudden	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 4201		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
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 1956 to 6-24 , 19 56 , that I last saw the deceased alive on May , 19 55 and that death occurred at 6 a. m. from the causes and on the date stated above.			
23a. SIGNATURE Ben H. Ke... (Degree or title) _____		23b. ADDRESS 2632 So. Kingshighway, City 9, MO.	
23c. DATE SIGNED 6/25/56		24a. BURIAL CREMATION REMOVAL (Specify) burial	
24b. DATE 6/27/56		24c. NAME OF CEMETERY OR CREMATORY Redeemer Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons	
25. FUNERAL DIRECTOR'S ADDRESS 7027 Gravois		DATE REC'D BY LOCAL REG. 6-26-56	
REGISTRAR'S SIGNATURE Herbert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons	
25. FUNERAL DIRECTOR'S ADDRESS 7027 Gravois		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons	

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.....

C. P. Kudwell

Licensed Embalmer No. 3877

P. O. Address 7027 Hrawo

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.