

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1957

18907  
STATE FILE NUMBER  
4947

Registration District No. 318 Primary Registration District 1003 Registrar's No. 4947

|  |                           |   |  |
|--|---------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <del>ST. LOUIS</del>  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN ST. LOUIS   |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN ST. LOUIS<br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION MO. PAC. EMP. HOSP. ASSN.   |                           | Length of stay in 1b<br>079   | STREET ADDRESS (If outside, give location)<br>5268 GILMORE<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>Fred First FRED<br>G Middle GOTLIEB<br>Last KETTENBRINK  |                           | DATE OF DEATH<br>MAY 26 1957  | Month Day Year   |
| 5. SEX<br>MALE <input type="checkbox"/>  | 6. COLOR OR RACE<br>WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>JAN. 12, 1882  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Order Clerk (Retired)   |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>A. J. Child & Co   | 9. AGE (In years last birthday)<br>75<br>IF UNDER 1 YEAR<br>Months Days Hours Min.<br>12. CITIZEN OF WHAT COUNTRY?<br>USA                |
| 13. FATHER'S NAME<br>August Kettenbrink  |                           | 14. MOTHER'S MAIDEN NAME<br>Mary Bohnenkamp   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>NO   |                           | 16. SOCIAL SECURITY NO.<br>unknown  | 17. INFORMANT<br>Fred. W. Kettenbrink, 5735 Acme Ave   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) BRONCHOGENIC CARCINOMA<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br>162X |                           |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                           | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour. Month. Day. Year<br>a. m. p. m.   |                           |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                           | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |
| 21. I attended the deceased from May 22, 1957 to May 26, 1957 and last saw him alive on May 26, 1957<br>Death occurred at 1:40 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.  |                           |   |  |
| 22a. SIGNATURE<br>Walter J. Kutzig M.D.<br>(Degree or title)   |                           | 22b. ADDRESS<br>6000 W. Florissant  | 22c. DATE SIGNED<br>5/27/57  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal   | 23b. DATE<br>May 29 1957  | 23c. NAME OF CEMETERY OR CREMATORY<br>Zion Cemetery   | 23d. LOCATION (City, town, or county) (State)<br>St. Louis County, Missouri  |
| 24. FUNERAL DIRECTOR<br>Math Hermann & Son, Inc., 2161 E. Fair Av  |                           | 25. DATE RECD. BY LOCAL REG.<br>MAY 27 57   | 26. REGISTRAR'S SIGNATURE<br>J. Earl Smith M.D.<br>S.P.  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Walter G. Burnley*.....  
Licensed Embalmer No. 42

P. O. Address *H. Soc.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.