

FILED DEC 9 - 1957

Registration District No. 319 Primary Registration District No. 6079 Registrar's No. 57

V. S. 300
ev. 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>SFR. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>ST. GENEVIEVE</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>NEW OFFENBURG</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>MISSISSIPPI LIME CO</u> INSTITUTION <u>LIME STONE MINES</u>			Length of stay in: lb	d. STREET ADDRESS (If outside, give location) <u>9</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>EDGAR</u> Middle <u>GEORGE</u> Last <u>KETTINGER</u>				4. DATE OF DEATH Month <u>NOV</u> Day <u>29</u> Year <u>1957</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 27 1907</u>	9. AGE (In years last birthday) <u>50</u>	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) <u>DRILLER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>LIME STONE MINES</u>	11. BIRTHPLACE (City and state or country) <u>ST. GENEVIEVE CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>BERNARD KETTIGER</u>			13b. MOTHER'S MAIDEN NAME <u>KATHERINE ROTH</u>		14. NAME OF HUSBAND OR WIFE <u>PHILOMENA GRIESHABER</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>49L-03-4259</u>	17. INFORMANT Address <u>Philonema Kettinger New Offenburg Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CRUSHED SKULL & CHEST</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>FALLING ROCK IN MINES OF MISSISSIPPI LIME CO. ST. GENEVIEVE CO MO</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7102</u> <u>4</u>						19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <u>FALLING ROCK</u>					
20c. TIME OF INJURY Hour _____ a.m. <u>11 29</u> p.m. <u>9:15 AM</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>LIME MFG CO</u>		20f. CITY, TOWN, OR LOCATION <u>995</u> COUNTY <u>ST. GENEVIEVE</u> STATE <u>MO</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Doc. C. Basler Coroner</u>				22b. ADDRESS <u>St. Genevieve Mo</u>		22c. DATE SIGNED <u>12/5/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>DEC 2 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LADY HELP OF CHRISTIANE</u>		23d. LOCATION (City, town, or county) (State) <u>WEINGARTEN MO</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Doc. C. Basler St. Genevieve Mo</u>				25. DATE RECD. BY LOCAL REG. <u>12/6/57</u>	26. REGISTRAR'S SIGNATURE <u>Philonema Basler</u>		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Stanley H. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

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.