

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

961-61-015931

STATE FILE NUMBER

AMENDED

Registration District No. 317

Primary Registration District No. 543

Registrar's No. 961

FILED APR 17 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Jennings</u>   |   | c. CITY OR TOWN <u>Jennings</u>   |  |
| Length of stay in lb. <u>40 years</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5439 Hamilton</u>   |   | d. STREET ADDRESS (If outside, give location) <u>5439 Hamilton Ave</u>  |  |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>ANDREW MICHAEL KETTENBACH</u>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>April 6 1961</u>  |
| 5. SEX<br><u>male</u>  | 6. COLOR OR RACE<br><u>white</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10/15/1881</u>  |
| 9. AGE (last birthday) <u>76 years</u>   |   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Supervisor</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Cold Storage</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Chep, Hungary</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>   |   | 13a. FATHER'S NAME<br><u>Andrew Kettenbach</u>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Mary Welly</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Elsa Kettenbach</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 17. INFORMANT<br>Address<br><u>Elsa Kettenbach - 5439 Hamilton Ave.</u>   |  |
| 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) <u>ARTERIOSCLEROTIC HEART DISEASE</u><br>DUE TO (b) <u>ARTERIOSCLEROSIS, GENERALIZED</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | 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)  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 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 a.m. Month, Day, Year<br>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 <u>JUNE 4, 1960</u> to <u>APRIL 6, 1961</u> and last saw <sup>her</sup> him alive on <u>APRIL 4, 1961</u><br>Death occurred at <u>10:50 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Paul W. Lammie M.D.</u>   |   | 22b. ADDRESS<br><u>6000 WEST FLORISSANT.</u>  | 22c. DATE SIGNED<br><u>4/7/61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>   | 23b. DATE<br><u>April 10, 1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis County Missouri</u>  |
| 24. FUNERAL DIRECTOR<br><u>BUCHHEIZ MORTUARY-5967 W. Florissant Ave</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>4-7-61</u>   | 26. REGISTRAR'S SIGNATURE<br><u>John C. Murphy M.D.</u>  |

**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 B. Buckner

Licensed Embalmer No. 455T

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.