

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6366-61-026999 STATE FILE NUMBER

AMENDED

Registration District No. 25-18 Primary Registration District No. 1003 Registrar's No. 6366

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Length of stay in 1b 10 days
 c. CITY OR TOWN St Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Lutheran Boarding Home 3652 S. Jefferson Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Bernhard Middle G Last Kettler 4. DATE OF DEATH Month July Day 9 Year 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9/16/75 9. AGE (last birthday) 85

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Salesman 11. BIRTHPLACE (City and state or country) St Louis Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Bernhard Kettler 13b. MOTHER'S MAIDEN NAME Marie Moellenhoff 14. NAME OF HUSBAND OR WIFE Augusta---deceased

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. none 17. INFORMANT Bernhard J Kettler Address 762 Ave. H Lemay Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Thrombosis
 DUE TO (b) Arterio Sclerotic Cardio-Vas.
 DUE TO (c) Culuar Disease, Congest Card. Failure
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 422.1 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 June 21, 1961 to July 9, 1961 he was last seen alive on July 8, 1961. Death occurred at 12:10 A m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) Herbert A. Speer, M.D. 22b. ADDRESS 3532 Gravois Blvd. 22c. DATE SIGNED 7/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7/12/61 23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery 23d. LOCATION (City, town, or county) St Louis County Mo. (State)

24. FUNERAL DIRECTOR John L Ziegenhein & Sons ADDRESS 7027 Gravois 25. DATE RECD. BY LOCAL REG. JUL 10 1961 26. REGISTAR'S SIGNATURE Loan Smith, M.D.

DATE AMENDED
 4-9-61
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.