

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1705 - 62-008308  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** District No. **1003** Registrar's No. \_\_\_\_\_

**FILED FEB 16 1962**

VS 300  
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

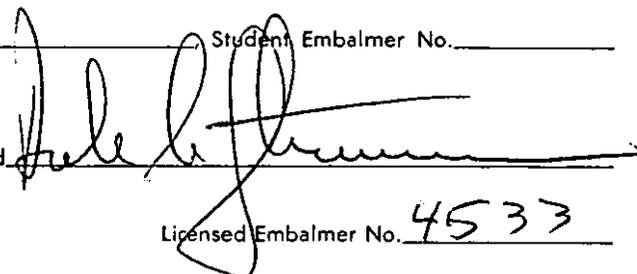
USE BLACK INK OR TYPEWRITER RIBBON

|  |   |   |  |
|--|---|---|--|
| 1. DATE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |   | c. CITY OR TOWN <b>St. Louis</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>4944 Fyler Ave.</b>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ELSIE</b> Middle <b>A.</b> Last <b>KETTMANN</b>  |   | 4. DATE OF DEATH<br>Month <b>Feb.</b> Day <b>8</b> Year <b>1962</b>   |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><b>3-21-1891</b>                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired for Years</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Memphis, Tenn.</b>    |
| 13a. FATHER'S NAME<br><b>Louis Kettmann</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Bergmann</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 17. INFORMANT<br><b>Louis Kettmann 3817 Russell</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of Prostate &amp; Metastasis</b>  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2-27-62</b>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |   | DUE TO (b)  |  |
|  |   | DUE TO (c) <b>Generalized Arteriosclerosis 175.0</b>  |  |
| 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 checked="" 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. _____ p.m.<br>Month, Day, Year _____  | 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 <b>12-6-54</b> to <b>2-8-62</b> and last saw her <sup>him</sup> alive on <b>2/8/62</b><br>Death occurred at <b>5:30 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><i>W. E. Mace M.D.</i> (Degree or title)   |   | 22b. ADDRESS<br><b>7315 Pasadena Blvd St. Louis 1</b>   | 22c. DATE SIGNED<br><b>2/9/62</b>                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Feb. 12, 1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>S/S Peter &amp; Paul Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Kriegshauser 4228 S. Kingshighway Blvd.</b> ADDRESS   |   | 25. DATE RECD. BY LOCAL REG.<br><b>FEB 9 1962</b>   | 26. REGISTRAR'S SIGNATURE<br><i>Loan Smith. M.D.</i>                   |

**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  \_\_\_\_\_  
Licensed Embalmer No. 4533

P. O. Address \_\_\_\_\_

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.