

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2113 & N. 13th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2113a North 13th Str.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARIA V KETTLES

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife William Kettles 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased Apr. 4th 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 1 _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business X X X X

MOTHER FATHER { 12. Name John H Hauri
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)
14. Maiden name Mary Miller
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant John Hauri - brother
(b) Address 2113a North 13th Str

17. (a) Burial (b) Date thereof Dec. 8. 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Henry Leidner Und. Co
(b) Address 2223 St. Louis Ave

19. (a) DEC 7 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5th
year 1942 hour 5:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1932 to Dec 5, 1942
that I last saw him alive on Dec 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 10y4

Due to _____
Due to _____

Other conditions Arterio-sclerosis 10y4
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Seth P Smith (M. D. or other) _____
Address 4500 Claver Date signed 12/5/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *John P. Buckholz*.....

Licensed Embalmer No. *61674*.....

P. O. Address *2223 St Louis Ave*.....

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 this body is not embalmed, fact should be so stated above.