

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26295

FILED AUG 8 1941  
Registration District No. 89

Primary Registration District No. 202

Registrar's No. 1417

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Koch  
(c) Name of hospital or institution: Robert Koch Hospital ( )  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 31 days  
In this community Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State St. Louis (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3616 Garfield  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME WALTER GETTY  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NO

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 4<sup>th</sup>  
year 1941 hour 9 minute 30 A. M.  
21. I hereby certify that I attended the deceased from 6-3-41  
to 7-4-41, 1941, to 7-4-41, 1941;  
that I last saw him alive on 7-4-41, 1941;  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 30 1879  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Same

8. AGE: Years 62 Months 3 Days 4  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Clark

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Alexander Getty  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Hoffman  
15. Birthplace St. Louis  
(City, town, or county) (State or foreign country)  
16. (a) Informant Self  
(b) Address 4506 Clarence

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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? \_\_\_\_\_

17. (a) DE RIAL (b) Date thereof JULY 7 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peter's  
18. (a) Signature of funeral director C. P. Kelly  
(b) Address 1416 W. Taylor  
19. (a) JUL 5 1941 (b) R. F. Meyer  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Harriet F. Schwartz (M. D. or other) B  
Address Robert Koch Hosp. Date signed 7-5-41

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

2600

**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 Clement McNeary

Licensed Embalmer No. 3732

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