

FILED JUN 26 1946
 318

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **5355**

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: **2839 Miami**
 (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

3. (a) PRINT FULL NAME **Louis Wm. Getrost**

3. (b) If veteran, name war _____
 3. (c) Social Security No. **498-14-2198**

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Rudene**
 6. (c) Age of husband or wife if alive **24** years
 7. Birth date of deceased **Sept 9 1923**
 (Month) (Day) (Year)

8. AGE: Years **22** Months **9** Days **5**
 If less than one day hr. min.

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

10. Usual occupation **Machinist**

11. Industry or business _____

MOTHER FATHER
 12. Name **Ernst Getrost**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Elisabeth Kohlmann**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Rudene Getrost**
 (b) Address **2839 Miami**

17. (a) **Burial** (b) Date thereof **6/17/46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Paul Church Yard**

18. (a) Signature of funeral director **J. F. Brudeck**
 (b) Address **1730 Meramec st**

19. (a) **JUN 17 1946** (b) **J. F. Brudeck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **24/7**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2839 Miami**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) **0**
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14**
 year **1946** hour **4** minute **05** P. M.

21. I hereby certify that I attended the deceased from **January 19 1946** to **June 14 1946**
 that I last saw him alive on **12 June** and that death occurred on the date and hour stated above.

Immediate cause of death **Disease**
 (known) **(6 MO)**

Due to _____

Due to _____

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: **none**
 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)
 Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature **Charles Rester** (M. D. or other)
 Address **439 Bates St. St. Louis** Date signed **14 June 46**

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo.

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.