

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 5441 Queens Ave.  
(d) Length of stay: In hospital or institution 4 Years.  
In this community 4 Years.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 5441 Queens Ave.  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Elizabeth Gettinger  
(b) If veteran, name war None  
(c) Social Security No. None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
(b) Name of husband or wife Frank Gettinger  
(c) Age of husband or wife if alive 78 years  
7. Birth date of deceased July 16 1869

8. AGE: Years 76 Months 10 Days 19

9. Birthplace St. Genevieve, Missouri

10. Usual occupation At Home

11. Industry or business  
12. Name Valaria Gisi  
13. Birthplace Germany  
14. Maiden name Mary Gurgert  
15. Birthplace Unknown

16. (a) Informant Mrs. Estelle Wild  
(b) Address 5441 Queens Ave.

17. (a) Removal (b) Date thereof 6/7/46  
(c) Place: burial or cremation St. Genevieve, Mo.

18. (a) Signature of funeral director  
(b) Address 2117 E. Grand Blvd

19. (a) JUN 6 1946 (b) Registrar's signature J. F. Bardsley

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 5 year 1946 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Jan 1 1946, to June 5 1946, that I last saw her alive on June 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis  
Due to  
Due to  
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature A. J. Gettinger (M. D. or other)  
Address 2742 N. Grand Blvd Date signed

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

MOTHER FATHER

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

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**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.....

*Frank A. Moore*

Licensed Embalmer No. 3041

P. O. Address. 2117 E Grand

**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.