

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20877**
Registrar's No. **5702**

FILED JUL 3 1948 **318**
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 hours**
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boon**

(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **1111 N. 12th St.** **9**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Frank X. Getzel**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **453-03-5904**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**, year **1948** hour **10:00 PM** minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **Male** **0** **5. Color or race** **White**

6. (a) Single, widowed, married, divorced **Single** **0**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **March 3, 1883**
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
65	3	20	hr. _____ min.

Immediate cause of death **Subdural Hematoma;** Duration
when he slipped and fell off the sidewalk into the street on June 23, 1948, about 2:40 AM. in front of about 1111 No. 12th St.

9. Birthplace **St. Louis** **Mo.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Boiler maker**

Due to _____ **ACCIDENT.**

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

11. Industry or business _____

12. Name **John Getz**

13. Birthplace **Unknown** **Penn.** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Millet**

15. Birthplace **Unknown** **England** **4**
(City, town, or county) (State or foreign country)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Andrew Getz**

(b) Address **10 S. Clay Ferguson, Mo.**

17. (a) Burial **(b) Date thereof** **6/26/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son, Inc.**

(b) Address **2161 East Fair Ave**

19. (a) J. F. Bredeck **(b) J. F. Bredeck**
(Date received local report) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **June 23, 1948**

(c) Where did injury occur? **St. Louis** **6000**
(City or town) (County) (State)

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

While at work? **no** (Specify type of place) **(e) Means of injury** **see above**

23. Signature **Patrick & Taylor** (M. D. or other)

Address **60** **Date signed** **6-24-48**

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

W. Gordon Burnley

Licensed Embalmer No. *4202*

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.