2/43 39 36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31015 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: 1355 A. North Leffinwell. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 15. Years

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. 1355.A. North Leffinwell. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country U.S.A.

3. (a) PRINT FULL NAME Bristo. Gettles.

3. (b) If veteran, name war None

3. (c) Social Security No. 492-10-5840

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Rebecca. Gettles

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April (Month) 12th (Day) 1897 (Year)

8. AGE: Years 51 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Aberdean (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Shearer

11. Industry or business Mo. Rolling Mill

MOTHER FATHER

12. Name Dock. Gettles

13. Birthplace Mississippi (City, town, or county) (State or foreign country)

14. Maiden name Anna. Jones.

15. Birthplace Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant Rebecca Gettles

(b) Address 1355. A. North. Leffinwell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/47 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood. Cemetery

18. (a) Signature of funeral director Estella S. White

(b) Address 2616. North. Garrison Avenue

19. (a) SEP 9 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 5th year 1948 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Aortitis

Due to Cardiac Hypertrophy

Chr. Aortitis -Undetermined

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed 9/7/48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address 2829 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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