

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21705

State File No.
Registrar's No. 29

BIRTH NO. REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 44C9

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

1. PLACE OF DEATH
a. COUNTY Ste. Genevieve

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE Missouri b. COUNTY Ste. Genevieve

b. CITY (If outside corporate limits, write RURAL and give township) Ste. Genevieve
OR TOWN Ste. Genevieve
c. LENGTH OF STAY (in this place) 60 yrs

c. CITY OR TOWN Ste. Genevieve
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 502 South 4th

e. STREET ADDRESS (If rural, give location) 502 South 4th 095/0

3. NAME OF DECEASED (Type or Print)
a. (First) ANDREW b. (Middle) JOSEPH c. (Last) GETTINGER

4. DATE OF DEATH (Month) (Day) (Year)
June 22 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb 5, 1894

9. AGE (In years last birthday) 60
IF UNDER 1 YEAR Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Lime

11. BIRTHPLACE (City and State or Foreign Country) Ste. Genevieve, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Gettinger

13b. MOTHER'S MAIDEN NAME Elizabeth Gisi

14. NAME OF HUSBAND OR WIFE Agnes Valle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes W.W. # 1

16. SOCIAL SECURITY NO. 499-20-9617

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Harold Gettinger Ste. Genevieve, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) — Carcinoma of Rectum
INTERVAL BETWEEN ONSET AND DEATH 1953
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19. DATE OF OPERATION March 1954
20. AUTOPSY? YES NO

19a. DATE OF OPERATION March 1954

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum 154X

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from March 1954, to June 22 1954, that I last saw the deceased alive on June 22, 1954, and that death occurred at 5:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS Ste. Genevieve Mo

23c. DATE SIGNED 6-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-25-54

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 24 1954 [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Ste. Genevieve, Mo

JUL 26 1954

JUL 23 1954

JUL 1
JUL 6 1954

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Germent Staub*

Licensed Embalmer No....3817...

P. O. Address Sta...Genexieve.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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