

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19187

State File No.

BIRTH NO. 27008-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1282

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - North St. Louis County</u>		c. LENGTH OF STAY (In this place) <u>8 DAYS</u>		c. CITY OR TOWN <u>FLORISSANT 70519</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LULLABY NURSERY, 10068 BON OAK</u>				e. STREET ADDRESS (If rural, give location) <u>960 LINDSAY LANE</u>					
3. NAME OF DECEASED (Type or Print) (First) <u>RUSSELL</u> (Middle) <u>JOSEPH</u> (Last) <u>GETTEMEIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 1956</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 21, 1956</u>		9. AGE (In years last birthday) <u>0</u>	If UNDER 1 YEAR Months <u>2</u> Days <u>3</u>	If UNDER 1 WKS. Hours <u></u> Mins. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>ROBERT L. GETTEMEIER</u>			13b. MOTHER'S MAIDEN NAME <u>MARIAN MCFARLAND</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROBERT L. GETTEMEIER, Florissant, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral palsy</u> *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) <u>Cerebral palsy</u> ANTECEDENT CAUSES DUE TO (b) <u>congenital defect or anoxia</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u> <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <u>7600</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3/21</u> , 1956, to <u>5/24</u> , 1956, that I last saw the deceased alive on <u>5/10</u> , 1956, and that death occurred at <u>9:00</u> A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J.C. Kuebrich M.D.</u>				23b. ADDRESS <u>9 AS Florissant Rd. Ferguson</u>		23c. DATE SIGNED <u>5/25/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-26-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART COM.</u>		24d. LOCATION (City, town, or county) (State) <u>FLORISSANT, MO.</u>				
DATE REC'D BY LOCAL REG. <u>5-26-56</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donohue M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene A. Hutchens - Florissant, MO</u>					

(Licensed Embalmer) Statement on Reverse Side

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

0.300
0.48

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

Student.....
Signature of Student Embalmer

Signed..... *Gene A. Hutchins*

Licensed Embalmer No..... 49

P. O. Address..... *FLORISSAN*

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.