

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37705

1. PLACE OF DEATH

County

Registration District No. 791

File No.

Township

Primary Registration District No. 1003

Registered No. 10794

City St. Louis, (No. St. Anthony Hosp., Ward)

2. FULL NAME

(a) Residence. No. Florissant, Mo. 16 Ward. St. Louis Co.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Gettemeier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 8, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 = 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Frank Gettemeier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Antonie Gerling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFANTANT (Address) Annie Gettemeier Florissant, Mo.

15. FILED Nov 16 1933 REGISTRAR Max E. Stanley

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1930, to Nov. 14, 1930 that I last saw him alive on Nov. 14, 1930, and that death occurred, on the date stated above, at 11.15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocarditis, Chronic

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis, Chronic

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 129th

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory (Signed) R. P. Powell M. D.

Nov. 15, 1930, (Address) 517 Beaumont Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Florissant, Mo. DATE OF BURIAL Nov. 17, 1930

20. UNDERTAKER Jos. W. Clark ADDRESS 1725 N. ...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD THIS IS A PERMANENT RECORD

3720 Washington
Jef. 6853. Room 512
1 to 4 PM.