

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

Do not use this space.

24829

1. PLACE OF DEATH

County..... Registration District No. 103
 Township..... Primary Registration District No.
 City St. Louis (No. 3923) Calum St. St. Ward)

File No.
 Registered No. 6210

2. FULL NAME

Henry Getzer
 (a) Residence, No. 3923 Calum St. St. 10 Ward.
 (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

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Williamina Getzer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 16, 1856</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>8</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Water Works</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1933
 22. I HEREBY CERTIFY that I attended deceased from July 12, 1933 to July 17, 1933
 I last saw him alive on July 17, 1933. Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Heart enlargement 5 day
with Hemiplegia 1 1/2 yr.
 Other contributory causes of importance:
Chronic cystitis
 Date of onset 305

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Emrad Getzer</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Hilda Brandt</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Carolina Getzer</u> <u>3923 Calum St.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Bethlehem</u> DATE <u>7-20-33</u>
	19. UNDERTAKER (ADDRESS) <u>Groves and Co.</u> <u>3710 Grand Blvd.</u>
	20. FILED <u>18 15 19</u> <u>J. F. Bredech</u> Registrar.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) C. D. Drake M. D.
 (Address) 2206 Howard St.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

