

MAY 13 1935

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

Do not use this space.

791  
1003

15014

## 1. PLACE OF DEATH

County St. Louis  
Township no  
City St. Louis

Registration District No. 5061  
Primary Registration District No. Highland ave

File No. 3896  
Registered No. 3896  
St. 6 Ward

## 2. FULL NAME

(a) Residence, No. 5061 Highland ave St. 6 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Carter Gettlinger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25 - 1851</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>11</u>
	DAYS <u>3</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Exer. Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
FATHER	13. NAME <u>John Gettlinger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cibola Louisiana</u>	
MOTHER	15. MAIDEN NAME <u>Lizzy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cibola Louisiana</u>	
17. INFORMANT (ADDRESS) <u>Mary Gettlinger 5061 Highland ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>May 1 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Stout-Cornell and Co 4600 north Bridge</u>		
20. FILED <u>APR 29 1935</u> REGISTRAR <u>J. J. Bredeck</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1935  
22. I HEREBY CERTIFY That I attended deceased from Mar 15<sup>th</sup>, 1935, to April 28, 1935.  
I last saw him alive on Apr 21<sup>st</sup>, 1935. Death is said to have occurred on the date stated above, at 12:50 A.M.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Ch. Myocarditis ?  
Ch. Intest. and Nephritis ?  
Other contributory causes of importance:  
Senility 131

Name of operation..... Date of.....  
What test confirmed diagnosis? Chol. and P. mening. 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? No.  
If so, specify None  
(Signed) Thomas P. Lawton, M. D.  
(Address) 2743 N. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARION RESERVED FOR BINDING

100M-11-24-33  
V. 9 NO. 2

