

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Park Plaza Hotel,

Registration District No.....
Primary Registration District No.....
St. 12 Ward.

791
1003

File No. 14352
Registered No. 3848
St. Ward)

2. FULL NAME Emily B. Gettys,

(a) Residence, No. Park Plaza Hotel, St., 12 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M. Gettys

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
78 4 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Henry W. Blanke

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Julia C. Corley

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT Dr. Henry B. Gettys (ADDRESS) Park Plaza Hotel

18. BURIAL ~~CEREMONY OR REMOVAL~~ PLACE Bellefontaine DATE Apr. 12, 1937

19. UNDERTAKER Wagoner Undertaking Co. (ADDRESS) 3621 Olive St.

20. FILED APR 12 1937 Jr. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1937

22. I HEREBY CERTIFY. That I attended deceased from September, 1919 to April 10, 1937

I last saw h... alive on April 10, 1937. Death is said to have occurred on the date stated above, 10:30 A. M.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart

due to Influenza

Other contributory causes of importance: Influenza

Date of onset

Name of operation None Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? NO

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 Lept & P. etc (Signed) Jr. Bredeck, M. D.

(Address) God's Center

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.

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