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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12304

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 473

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Pine Lawn (If outside city or town limits, write "RURAL")

(d) Street No. 6213 Lexington (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME 346 Ida Gettler

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife William Gettler

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Feb. (Month) 12 (Day) 1882 (Year)

8. AGE: Years 58 Months 0 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Belleville (City, town, or county) Ill. (State or foreign country)

10. Usual occupation nil.

11. Industry or business

FATHER
12. Name Adam Damrich
13. Birthplace Unknown (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Frances Daul
15. Birthplace Unknown (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs Anita Hutchings
(b) Address 6213 Lexington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-8-1940 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS CEM

18. (a) Signature of funeral director L. B. Tanner
(b) Address 6407 Natural Bridge Road

19. (a) MAR 7 1940 (Date received local registrar) (b) A. R. Meyer M.D. Dep. JC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 5 year 1940 hour 10 minute :40 P.M.

21. I hereby certify that I attended the deceased from 3-2-40, 19__, to 3-5-40, 19__; that I last saw her alive on 3-5-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	48 hrs
Due to: Cardiovascular renal disease	Unknown
Due to: 53	
Other conditions (Include pregnancy within 3 months of death): Brain tumor malignant	Unknown

Major findings:
Of operations
Of autopsy Brain tumor malig

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

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23. Signature [illegible] (M. D. or other)
Address St. Louis Co. Hosp. Date signed 3-6-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.