S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9190

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 16

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(c) Name of hospital or institution: ST. JOSEPH'S HILL INF
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr - 4 mos - 12 days (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Festus 50
(If outside city or town limits, write "RURAL")

(d) Street No. — 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country 0

3. (a) PRINT FULL NAME FRANK A. GETTINGER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE 2

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife — ELIZABETH GIESSI

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

7. Birth date of deceased DECEMBER (Month) 12 (Day) 1867 (Year)

8. AGE: Years 80 Months 3 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace St. GENEVIEVE (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

FATHER
12. Name GEORGE GETTINGER
13. Birthplace FRANCE (City, town, or county) 3 (State or foreign country)

MOTHER
14. Maiden name MARY VALLEY
15. Birthplace St. GENEVIEVE (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Brother Rock, O.S.F.

(b) Address St. Joseph's Hill Inf

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-48 (Month) (Day) (Year)

(c) Place: burial or cremation Ste Genevieve Mo

18. (a) Signature of funeral director [signature]

(b) Address Festus Mo

19. (a) Mar 19 48 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature) 145

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 13 year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from JUNE 10, 1947 to MARCH 9, 1948; that I last saw him alive on MARCH 9, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC INSUFFICIENCY — Duration

CHRONIC MYOCARDITIS

Due to CEREBRAL ARTERIO-SCLEROSIS

Due to CARDIO VASCULAR DISEASE

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93
Of autopsy 90

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 0

23. Signature [signature] (M. D. or other)

Address BISS NO. SANDEVENTER Date signed 3/13/48

(Licensed Embalmer's Statement on Reverse Side) ST. LOUIS, MO.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/26/08

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 Donald H. Vingard, Registered Apprentice No. 71, working under my personal supervision.

Signed H. L. Vingard

Licensed Embalmer No. 3010

P. O. Address Fertig Mo

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

If this body is not embalmed, fact should be so stated above.