

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10463

State File No. 2000

BIRTH NO. 10599-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Mo. b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Ave.                     |  |
| c. LENGTH OF STAY (In this place)  |  | d. STREET ADDRESS (If rural, give location) 5601 St. Louis Ave.   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5601 St. Louis Ave.                            |  |   |  |

|   |                        |   |  |  |                          |                              |
|---|------------------------|---|--|--|--------------------------|------------------------------|
| 3. NAME OF DECEASED<br>a. (First) Michael b. (Middle) c. (Last) Getz                            |                        |   | 4. DATE OF DEATH (Month) (Day) (Year)<br>Mar. 13, 1950 |  |                          |                              |
| 5. SEX Male   | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Feb. 7, 1950                          | 9. AGE (In years last birthday) 1                        | IF UNDER 1 YEAR Months 6 | IF UNDER 2 HRS. Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil |                        | 10b. KIND OF BUSINESS OR INDUSTRY                             |  | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. |                          | 12. CITIZEN OF WHAT COUNTRY? |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME Bernard Getz  |  | 13b. MOTHER'S MAIDEN NAME Estelle Pauley |  | 14. NAME OF HUSBAND OR WIFE  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.                  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Bernard Getz 5601 St. Louis, Ave. |  |

|  |  |  |  |  |  |                                  |  |
|--|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>Broncho Pneumonia</i> |  |  |  |                                  |  |
|  |  | DUE TO (c)   |  |  |  |                                  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |  |  |                                  |  |

|  |  |  |  |   |  |  |
|--|--|--|--|---|--|--|
| 19a. DATE OF OPERATION                             |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)           |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) H-911 |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?                            |  |  |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:40 A. M., from the causes and on the date stated above.

|   |  |                     |  |   |  |
|---|--|---------------------|--|---|--|
| 23a. SIGNATURE <i>John B. Kasater</i> (Degree or title) |  | 23b. ADDRESS 1300   |  | 23c. DATE SIGNED 3/12/50                                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial        |  | 24b. DATE 3/12/1950 |  | 24c. NAME OF CEMETERY OR CREMATORY Calvary                  |  |
|   |  |                     |  | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. |  |

|   |  |  |  |  |  |                    |  |
|---|--|--|--|--|--|--------------------|--|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 13 1950 |  | REGISTRAR'S SIGNATURE <i>J. B. Kasater</i> |  | FEDERAL DIRECTOR'S SIGNATURE <i>Chas. F. Shuck</i> |  | ADDRESS 1225 Union |  |
|---|--|--|--|--|--|--------------------|--|

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

**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.....

..... Student Embalmer No. ....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Robert McMay* .....

Licensed Embalmer No. *3732* .....

P. O. Address *St. Louis* .....

**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.**