

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24789**
REGISTRAR'S NO. **6652**

FILED AUG 14 1950

318

1003

6652

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL				d. STREET ADDRESS (If rural, give location) 5441¹/₂ QUEENS			
3. NAME OF DECEASED (Type or Print) a. (First) ANDREW		b. (Middle) J.		c. (Last) GETTINGER		4. DATE OF DEATH (Month) (Day) (Year) 8 3 1950	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB 11-1887	
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) STE. GENEVIEVE MO	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME GEORGE GETTINGER		13b. MOTHER'S MAIDEN NAME MARY VALLE		14. NAME OF HUSBAND OR WIFE BERTHA GETTINGER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR #1		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS BERTHA GETTINGER 5441¹/₂ QUEENS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 0 mos	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chc. myelogenous leukemia					
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		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 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2nd floor			
22. I hereby certify that I attended the deceased from 10-14 , 19 47 , to 8-3 , 19 50 , that I last saw the deceased alive on 8-3 , 19 50 , and that death occurred at 1:01 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Wayne O. ... (Degree of title) _____				23b. ADDRESS 2739 No. Grand		23c. DATE SIGNED 8-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG 7-1950		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. AUG 6 1950		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Koch + Son - 3516 N. 14th			

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

Miss

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 _____

J. Allen Davis
Licensed Embalmer No. *4053*

P. O. Address _____
St. L.

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.