

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40020**

FILED DEC 6 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>3753</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>299.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>10 TOWN Ferguson</u>		4109	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis C. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>117 S. Clay</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u>		b. (Middle) <u>Vol</u>		c. (Last) <u>Getlin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1951</u>	
5. SEX <u>MD</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Oct. 24, 1937</u>	9. AGE (In years last birthday) <u>14yrs</u>	IF UNDER 1 YEAR Months   Days   Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joe Vol Getlin</u>			13b. MOTHER'S MAIDEN NAME <u>Thelma Getlin</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe vol Getlin 117 S. Clay</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral damage from a gunshot wound suffered when a gun in the hands of Bernard Wendisch was discharged on Nov. 17, 1951</u> ANTECEDENT CAUSES <u>Due to (b)</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <u>Discharged on Nov. 17, 1951</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>136</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Field</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ferguson St. Louis Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/18/51 4:45Pm.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Playmate shooting at bird on ground &amp; deceased walked in front of gun.</u>					
22. I hereby certify that I attended the deceased from <u>11/19/51</u> , that I last saw the deceased alive on <u>11/19/51</u> , and that death occurred at <u>_____ m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Arnold S. Willmann</u> (Degree or title) <u>CORONER</u>				23b. ADDRESS <u>Clayton, Mo</u>		23c. DATE SIGNED <u>11/21/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Nov. 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-20-51</u>		REGISTRAR'S SIGNATURE <u>Theodore P. Schmitz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. J. Delmar 6175 Delmar</u>			

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Joseph E. McCullough*

Signed.....  
Student Embalmer

Licensed Embalmer No. *27810*

P. O. Address *6175 Delmar*

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.