

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32963

FILED OCT 7 1952

State File No. _____

318

1003

Registrar's No. 9071

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis, Missouri</u>)		c. LENGTH OF STAY (In this place) <u>1 Month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2129</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>				d. STREET ADDRESS (If rural, give location) <u>MASONIC HOME 5351 DELMAR</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u>		b. (Middle) _____		c. (Last) <u>GETTYS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 30, 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>11-29-1869</u>	9. AGE (In years last birthday) <u>82</u>	10. MONTHS <u>10</u>	11. DAYS <u>7</u>	12. HOURS <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT-HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HANNIBAL - MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>JOSEPH-BUCHANAN</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY-ENGLISH</u>		14. NAME OF HUSBAND OR WIFE <u>LEWIS E GETTYS</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GERTRUDE-DUDLEY-5800 ENRIGHT</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration pneumonia</u>								
ANTECEDENT CAUSES				DUE TO (b) <u>Cerebral artery thrombosis</u>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <u>Spinal arterial sclerosis chronic brain syndrome assoc. with cerebral arteriocele</u>				
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>33PX</u>				
22. I hereby certify that I attended the deceased from <u>Aug. 17</u> ¹⁹⁵² to <u>September 30</u> ¹⁹⁵² , that I last saw the deceased alive on <u>Sept. 30, 1952</u> , and that death occurred at <u>3:35 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edwin H. Schmidt, M.D.</u>		(Degree or title)		23b. ADDRESS <u>1515 Lafayette Ave.</u>		23c. DATE SIGNED <u>9-30-52</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE-CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>SEP 30 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MADAY B SMITH 7456 MANCHESTER MAPLEWOOD MO.</u>				

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 _____

R. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.