URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-025253
STATE FILE NUMBER

FILED VS JUN 20 1960

ENDED

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 1755

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson
Length of stay in 1b: 20 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 216 Short Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Ferguson
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 216 Short Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Anthony Middle: B. Last: Gettemeyer Sr.
4. DATE OF DEATH Month: 6 Day: 1 Year: 60

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-22-91
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sewer Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Florissant, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Frank Gettemeyer
13b. MOTHER'S MAIDEN NAME: Elizabeth Wiebeler
14. NAME OF HUSBAND OR WIFE: Ceceilia Distler Gettemeye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 492-01-1732
17. INFORMANT: Ceceilia Gettemeyer Ferguson, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized — 8 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1957, to 6-1-60 and last saw ~~her~~ him alive on 5/31/60
Death occurred at 8:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M D Johnson MD
22b. ADDRESS: Ferguson Mo
22c. DATE SIGNED: 6-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-6-60
23c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery
23d. LOCATION (City, town, or county) (State): Florissant, Missouri

24. FUNERAL DIRECTOR: White-Mullen ADDRESS: 118 N. Florissant Rd. Ferg.
25. DATE RECD. BY LOCAL REG.: 6-6-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Reinhold K. Lohrm

Licensed Embalmer No. 339

P. O. Address St Louis

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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