

FILED JAN 27 1942

Registration District No. 18

Primary Registration District No. 200

Registrar's No. 166

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

1. PLACE OF DEATH

(a) County St. Louis County

(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 1/19/42  
(Specify whether years, months or days)

In this community since 1/19/42

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County 997

(c) City or town Hoffman  
(If outside city or town limits, write "RURAL")

(d) Street No. Box 48  
(If rural, give location)

(e) Citizen of foreign country? - 21 (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME Ernest F. Reitemeier

3. (b) If veteran, name war World War - 1918

3. (c) Social Security No. None.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased December 14, 1889  
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
<u>52</u>	<u>1</u>	<u>6</u>		

9. Birthplace Irvington 1 Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business -

MOTHER FATHER { 12. Name Ernest H. Reitemeier

13. Birthplace 9 Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace 9 Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schelleij

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) REMOVAL (b) Date thereof JAN. 22-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CENTRALIA ILLINOIS

18. (a) Signature of funeral director [Signature]

(b) Address 7814 S. Highway

19. (a) 1-21-42 (b) C. E. McParson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th  
year 1942 hour 8:30 minute - p. a. m.

21. I hereby certify that I attended the deceased from January 19, 1942 to January 20, 1942  
that I last saw him alive on January 20, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of kidneys and urinary bladder with ulceration and perforation of bladder.

Duration Unkn.

Due to 20

Other conditions Peritonitis, general, secondary.  
(Include pregnancy within 3 months of death)

Major findings: Of operations -

Of autopsy Autopsy performed. See cause of death.

PHYSICIAN -  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence -

(c) Where did injury occur? - (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

While at work [Signature] (Specify type of place) Means of injury -

23. Signature L. M. COCHRAN, M.D. (M. D. or other) 0

Address Chief Medical Officer Date signed 1/21/42

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*John Fetter*

Licensed Embalmer No.

*3880*

P. O. Address

*St Louis Mo*

**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.**