S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42396

State File No. 9

Registration District No. 317

Primary Registration District No. 6676

Registrar's No. 2970

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town JEFFERSON BARRACK, MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DDA. POST HOSPITAL (ARMY)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jackson 99

(c) City or town Carbondale 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1004 S. Elizabeth Street 0
(If rural, give location) 2

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Charles Etherton

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 0 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 3 | 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased February (Month) 13 (Day) 1919 (Year)

8. AGE:

Years	Months	Days	If less than one day
26	10	17	..... hr. ..... min.

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

10. Usual occupation Soldier

11. Industry or business U.S.A.

FATHER
12. Name Charles Etherton
13. Birthplace Jackson County (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Bellefontaine (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Service Record.
(b) Address JEFF. BKS. U.S. ARMY.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Carbondale, Illinois

18. (a) Signature of funeral director C. Hoffmeister U.& L.Co.
(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) 12-29-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1945 hour app. 0300 minute ..... M.

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

Immediate cause of death Hemorrhage

Due to Laceration of neck involving rt. anterior & internal jugular veins.

Due to 1 c 4 d

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

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) Suicide 121

(b) Date of occurrence 27 December 1945

(c) Where did injury occur? Troop train (City or town) Jeff City (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other)
Address [signature] Date signed 28 Dec

(Licensed Embalmer's Statement on Reverse Side)

JUL 9 1947

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.