

FILED FEB 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. **7161**
Registrar's No. **272309**

Registration District No. **317** Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County St. Louis
(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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
In this community 52 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3241 Oregon Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME REUTHER, Charles F.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Reuther 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased May 10 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>8</u>	<u>22</u>	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business ---

MOTHER FATHER { 12. Name Jacob Reuther
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Rose Bauer
15. Birthplace Vandalia Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, M.

17. (a) Burial (b) Date thereof Feb 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Schumacher Undt. Co.

(b) Address St. Louis, M.

19. (a) 2-6-46 (b) E. M. Baran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2, year 1946 hour 8:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 28, 1946 to February 2, 1946; that I last saw him alive on February 2, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE AND CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIAL DAMAGE & INSUFFICIENCY.
~~Other~~ Contributory Cause.
NEPHRITIS CHRONIC, PARENCHYMATOUS, with
~~Other~~ NITROGEN RETENTION.
HYPERTENSION ARTERIAL. 1318

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

Major findings: Of operations No operation. Of autopsy No autopsy.

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? Harvey E. Sisk (Specify type of job) (Means of injury)
23. Signature HARVEY E. SISK, Major (M. D. or other) M.C.
Acting Clinical Director
Address Vet. Adm. Hosp., Jeff. Brks. MO. Date signed 2/4/46

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

FEB 23 1946

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 Francis Williamson

Licensed Embalmer No. 3565

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.