

UNITED STATES HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

State File No. 28247

Registrar's No. 1696

FILED AUG 20 1946
Registration District No. 2002

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7386 Northmoor Drive
(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

3. (a) PRINT FULL NAME Charles Rettlia

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M. 5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Carmen Rettlia

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 12th., 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85	10	1	hr. _____ min.
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9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocer

11. Industry or business _____

12. Name Charles Rettlia

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

14. Maiden name Catherine E. Repetto

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

16. (a) Informant Mrs. O.S. Arata

(b) Address 7386 Northmoor Drive

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 8-16-46
(Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) 8-16-46 (Date received local registrar)

(b) E. J. McDevaney (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 7386 Northmoor Drive
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th., year 1946 hour 4 minute 30 p.m.

21. I hereby certify that I attended the deceased from Feb, 1941, to Aug 13, 1946

that I last saw him alive on Aug 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to arteriosclerosis of aorta

Due to 93d

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature C. N. P. ... (M. D. or other) no

Address 4126 1/2 ... Date signed 8/14/46

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

27086

APR 29 1947

Dr. Carl Lindeman
4126a Shreve Ave.

12-3

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Luedell

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.