No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32925

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9225

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4162 SHENANDOAH AV. (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 Mo. (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 4162 SHENANDOAH. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES D. RAITHEL
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 MARRIED
6. (b) Name of husband or wife ELIZABETH RAITHEL 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased MARCH (Month) 10 (Day) 1874 (Year)

8. AGE: Years 73 Months 6 Days 23 If less than one day hr. min.

9. Birthplace SPRINGFIELD (City, town, or county) MO. (State or foreign country)
10. Usual occupation Nil.
11. Industry or business
MOTHER FATHER
12. Name JOHN RAITHEL
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name HELEN DUTRO
15. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
16. (a) Informant Mrs. Elizabeth Raithel
(b) Address 4162 Shenandoah
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct 6-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ SUNSET BURIAL
18. (a) Signature of funeral director E. J. Schnur
(b) Address ~~OCT 6 1947~~ Lafayette Av.
19. (a) OCT 6 1947 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3 year 1947 hour 9 minute A.M.
21. I hereby certify that I attended the deceased from 1940, 19..., to 10-3-, 1947 that I last saw him alive on 10-2-, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	3 days
Due to: Hypertensive Cardio Vascular Disease	8 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(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? (Specify type of place)
While at work? Means of injury
23. Signature B. H. Glassberg M.D. D.O. or other
Address 634 N. Grand Blvd. Date signed 10/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4014

P. O. Address 325 Lafayette ave

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.