No. 300
10.48

XC 6 592 344
Reg. 102,122
FILED JUN 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23182

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1456

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (In this place): 19 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: ST. CLAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BELLEVILLE 81 35
d. STREET ADDRESS (If rural, give location): 103 N. 60TH STREET

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): (NMI)
c. (Last): RETTLE

4. DATE OF DEATH (Month) (Day) (Year): 6/3/52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 5/22/16
9. AGE (In years last birthday): 36 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher
10b. KIND OF BUSINESS OR INDUSTRY: Meat Cutter
11. BIRTHPLACE (City and State or Foreign Country): Belleville, Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: FRANK RETTLE
13b. MOTHER'S MAIDEN NAME: LENA WORMS
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD II
16. SOCIAL SECURITY NO.: 328-03-1978
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: V. A. HOSPITAL RECORDS, JEFF.BKS, MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) TUBERCULOUS EMPYEMA — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) SPONTANEOUS PNEUMOTHORAX — 3 weeks
DUE TO (c) PULMONARY TUBERCULOSIS, FAR ADVANCED ACTIVE — 3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
DOTX

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): V.A. m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/15, 19 52, *to* 6/3, 19 52, *and that death occurred at* 4:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. T. KAMINSKAS (Degree or title) M.D.
23b. ADDRESS: V. A. HOSPITAL JEFF.BRKS. MO.
23c. DATE SIGNED: 6-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 6-6-52
24c. NAME OF CEMETERY OR CREMATORY: WALNUT HILL
24d. LOCATION (City, town, or county) (State): BELLEVILLE, ILLINOIS

DATE REC'D BY LOCAL REG.: 6-4-52
REGISTRAR'S SIGNATURE: Herbert R. Dank MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 2 6 1953

APR 1 9 1962

VS MAY 1960

MAY 3 1962

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 ..... Student Embalmer No. .....,

working under my personal supervision.

BODY NOT EMBALMED

Student .....
Student Embalmer

Signed [signature]

Licensed Embalmer No. .....

P. O. Address .....

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.