

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31732

State File No. ....

FILED OCT 8 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2243

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. LOUIS</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>CLAYTON</u> | c. LENGTH OF STAY (in this place)<br><u>5 days</u> | c. CITY OR TOWN <u>CARSONVILLE</u> <u>4190</u>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>                       |  | e. STREET ADDRESS (If rural, give location)<br><u>8771 TRUMBELL</u>   |  |

|   |                           |  |   |  |   |
|---|---------------------------|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Reuben</u> b. (Middle) _____ c. (Last) <u>Charboneau</u>     |                           |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>9 27 55</u> |  |   |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>widowed</u> | 8. DATE OF BIRTH<br><u>Dec. 25, 1873</u>                |  | 9. AGE (In years last birthday) <u>81</u><br>If UNDER 1 YEAR: Months <u>9</u> Days <u>2</u><br>If UNDER 24 HRS.: Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>WOOD WORKER</u> |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>FACTORY</u>                      |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>RICHWOOD, MISSOURI</u> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>   |                           |  |   |  |   |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><u>FERMIN CHARBONEAU</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>MARY CHARBONEAU</u>                                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>494-03-6778</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mr. Oscar Charboneau, 8771 Trumbell</u> |  |

|  |  |   |  |                                  |  |
|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><u>Septecemia</u>   |  | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   |  | ANTECEDENT CAUSES   |  |                                  |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (b) <u>Hemorrhagic Cystitis</u>  |  |                                  |  |
|  |  | DUE TO (c)  |  |                                  |  |
| II. OTHER SIGNIFICANT CONDITIONS   |  | Conditions contributing to the death but not related to the disease or condition causing death. |  |                                  |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION                             |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>605x</u>  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)           |  | 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) m. |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?  |  |

22. I hereby certify that I attended the deceased from 9-25, 1955, to 9-27, 1955, that I last saw the deceased alive on 9-27, 1955, and that death occurred at 1:55Am., from the causes and on the date stated above.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title)<br><u>Robert E. Froelich, M.D.</u>               |  | 23b. ADDRESS<br><u>601 So. Brentwood</u>                |  | 23c. DATE SIGNED<br><u>9-28-55</u>                         |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>                        |  | 24b. DATE<br><u>Sept. 30, 1955</u>                      |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u> |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County Missouri</u> |  | 25. FEDERAL DIRECTOR'S SIGNATURE<br><u>L. B. Tanner</u> |  | ADDRESS<br><u>6107 Natural Br.</u>                         |  |
| DATE REC'D BY LOCAL REG.<br><u>9-28-55</u>  |  | REGISTRAR'S SIGNATURE<br><u>Herbert R. Dowd</u>         |  |  |  |

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

**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..

Student.....  
Signature of Student Embalmer

Signed *Etton Remelina*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.