

FEDERAL BUREAU OF INVESTIGATION  
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017265

FILED VS. APR 22 1960

Primary Registration District No.

Registrar's No.

2 3923

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>			Length of stay in 1b		c. STATE <b>MISSOURI</b> COUNTY <b>FRANKLIN</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LUKES HOSP. D. &amp; A.</b>			Inside Limits <input type="checkbox"/> No <input type="checkbox"/>		d. CITY OR TOWN <b>PACIFIC</b>
3. NAME OF DECEASED (Type or print) <b>CHARLES G. REISENLEITER</b>			4. DATE OF DEATH <b>APRIL-6-1960</b>		e. STREET ADDRESS (If outside, give location) <b>R.R. 2 Box 194</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT-8-1896</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOISTING ENG</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>		11. BIRTHPLACE (City and state or country) <b>ST. LOUIS - MO</b>	
10c. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>WILLIAM REISENLEITER</b>		13b. MOTHER'S MAIDEN NAME <b>ELLA M. DANIELS</b>	
13c. NAME OF HUSBAND OR WIFE <b>LULU REISENLEITER</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>499-01-6867</b>	
17. INFORMANT <b>Philip Reisenleiter, 1929 So. Main</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>493X</b>		DUE TO (b)		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>April 6, 1960</b> and last saw <del>him</del> <sup>her</sup> alive on <b>April 6, 1960</b>		Death occurred at <b>11:00</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>C. S. Puffer D.O.</b>		22b. ADDRESS <b>Pacific Missouri</b>		22c. DATE SIGNED <b>4/9/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>APR-9-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>	
23d. LOCATION (City, town, or county) <b>ST. LOUIS COUNTY - MO</b>		23e. (State)		24. FUNERAL DIRECTOR <b>L.B. Tanner, 6107 Natural Ridge</b>	
25. DATE RECD. BY LOCAL REG. <b>APR 9 1960</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

S.O.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Stanley H. Ripon*

Licensed Embalmer No. 4193

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.