No. 2
4-13-40
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15933

Registration District No. 784 Primary Registration District No. 2110 Registrar's No. 833

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 4/15/41 (Specify whether
In this community Since 4/15/41.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Hartsburg
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME Guy Ray Charlton
3. (b) If veteran, name war World
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lillian
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased July (Month) 1 (Day) 1896 (Year)

8. AGE: Years 44 Months 9 Days 14 If less than one day - hr. - min.

9. Birthplace Piedmont, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business -
MOTHER FATHER
12. Name John Charlton
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Dora Mann
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant M. Schelling
(b) Address Clinical Clerk, VAF, Jeff. Bks. Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 17-41 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEMETERY
18. (a) Signature of funeral director C. Hoffmeister & Co.
(b) Address 7814 S. Broadway
19. (a) APR 17 1941 (Date received local registrar) (b) T. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 41 hour 11:14 minute A. M.
21. I hereby certify that I attended the deceased from April 15, 1941, to April 15th, 1941; that I last saw him alive on April 15th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, chronic, far advanced, active (C).	Unkn.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Pneumonoconiosis, chronic, cause undetermined.	Unkn.

Major findings:
Of operations -
Of autopsy Autopsy performed. See cause of death.

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. W. HUGHES, M.D. (M. D. or other)
Address Chief Medical Officer Date signed 4/15/41.

(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 Edward H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 644 Cliffside

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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