

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. 25169  
Registrar's No. 6601

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission). a. STATE Illinois b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Christopher 8120	
c. LENGTH OF STAY (In this place) 7 Days		d. STREET ADDRESS (If rural, give location) South Victor Box 191 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Cecil b. (Middle) Rentfro c. (Last) Rentfro			4. DATE OF DEATH (Month) (Day) (Year) July 23, 1951			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 25, 1902	9. AGE (In years last birthday) 48	10. UNDER 1 YEAR 8 Months 28 Days	11. UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Industry		11. BIRTHPLACE (State or foreign country) Blythesville Arkansas		12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME John Rentfro		13b. MOTHER'S MAIDEN NAME Gladys Henderson		14. NAME OF HUSBAND OR WIFE Julia Rentfro	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 305-03-6580		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Rentfro Christopher Ill.	

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) Broncho pneumonia, bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Staphylococci septicemia DUE TO (c) Pneumococcus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis			INTERVAL BETWEEN ONSET AND DEATH 7 days 7 days week 4th 2 yr
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 522.3	

22. I hereby certify that I attended the deceased from April 1951, to 7-23, 1951, that I last saw the deceased alive on 7-23, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Wayne O. Sopher (Degree of title)		23b. ADDRESS 2739 No. Grand		23c. DATE SIGNED 7-24-51			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE July 24, 1951		24c. NAME OF CEMETERY OR CREMATORY Sesser Cemetery		24d. LOCATION (City, town, or county) (State) Sesser Illinois	

DATE REC'D BY LOCAL REG. 7/24/51		REGISTRAR'S SIGNATURE J. B. Lanster		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles Stewart 1225 Union	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed Clement M. May

Licensed Embalmer No. 3732

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