WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

17895

1. PLACE OF DEATH

County ..... Registration District No. ~~1003~~ 1ST

Township ..... Primary Registration District No. .....

City St. Louis, Mo. (No. 2903 Virginia Avenue St. ..... Ward)

File No. .....

Registered No. 4861

2. FULL NAME Frank G. Reitz

(a) Residence, No. 2903 Virginia Avenue St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia Oltrogge Reitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8th, 1880

7. AGE: YEARS 51 | MONTHS 11 | DAYS 9 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman (Auto Parts)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 172

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri 1

FATHER

13. NAME Martin Reitz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Katherine Sybertz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium 14

17. INFORMANT (ADDRESS) Sophia Reitz 2903 Virginia Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory May 20th, 1932

19. UNDERTAKER (ADDRESS) Weick Bros 2201 S. Grand Boulevard

20. FILED MAY 18 1932 19 Max C. Starkloff Registrar.

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to May 17, 1932

I last saw him alive on May 16, 1932. Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pulmonary — Date of onset 1930

23A
93C
23B

Other contributory causes of importance:

Myocarditis, chr
Pulmonary hemorrhage

9 Name of operation — Date of —

What test confirmed diagnosis? X Ray, Sputum Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Norman L. Miller, M. D.

(Address) 1889 Ry Exch Bldg
3145a S. Grand