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.

OCT 11 1934 ISOLATION HOSPITAL

34386

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9184

City St Louis [redacted] (No. ..... St. ..... Ward)

2. FULL NAME Carl Fred Reuter

(a) Residence, No. 5716a Etzel St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 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 Husband Martha Reuter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 - 1875

7. AGE 59 YEARS MONTHS 8 DAYS 14, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Dealer

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

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) Wyoming

FATHER

13. NAME Carl Fred Reuter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyoming

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Stella Grady 5600 Arsneal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Louis City DATE Sept. 18, 1934

19. UNDERTAKER (ADDRESS) [illegible]

20. FILED OCT 11 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1934

22. I HEREBY CERTIFY That I attended deceased from Sept 15, 1934 to Sept 16, 1934

I last saw him alive on Sept 16, 1934 Death is said to have occurred on the date stated above, at 11:25 a.m.

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

Cellulitis of Nose & Face — Date of onset 9-12

Cause unknown

107A

104A

Other contributory causes of importance: Bronchopneumonia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? No (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) John Eschenbrenner M. D.

(Address) ISOLATION HOSPITAL