

JUL 27 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township Central  
City Central

Registration District No. 789  
Primary Registration District No. 6033

File No. 24276  
Registered No. 168  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Phillip Henry Reither

(a) Residence, No. 4112 McPherson St., \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanche Reither

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
48 7 20

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Bank Teller  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mississippi Valley Trust Co.  
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) Mo.

13. NAME Henry Reither

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

15. MAIDEN NAME Mary Isenmeyer

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

17. INFORMANT (ADDRESS) Mrs Blanche Reither 4112 McPherson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 6 1935

19. UNDERTAKER (ADDRESS) Mullen and Co 5160 Delmas Blvd.

20. FILED 7-5-35 1935 W. Baehner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/2/1935 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Felo-De\*Ce, monoxide gas poisoning, with full intent of self-destruction, caused by despondency from being unemployed passed two years.

Other contributory causes of importance: Drove into garage of empty home with his car, property of his own, and closed garage tight, turned on ignition, started the

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? OVER 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.

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) T. B. Timms M. D. 7/5/35  
(Address) 3718 Jennings St.  
Coroner Louis P. St. Louis

WHITE 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.

car, with his mouth and face directly under  
the exhaust pipe, in the rear of his machine.  
This done, apparently sometime Tuesday morning  
7/2/1935 and was found by two neighborhood  
boys 7/4/35 8:30 A.M. Car had run until  
all of the gas in the car was entirely exhausted,  
and ignition on, with key in that position.  
History from family ; was despondent and ill  
for quite some time.