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.

FEB 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4265

Township ..... Primary Registration District No. 10031 Registered No. 1326

City St. Louis, Mo. (No. Isplation Hospital St. ..... Ward)

2. FULL NAME Theodore Rueter

(a) Residence, No. Hoyleton Ill. St., NR Ward. 2
(Usual place of abode) (If nonresident, give city or town and State)

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: Bertha Rueter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 5th, 1901

7. AGE: YEARS 35 MONTHS 9 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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): Illinois 2

FATHER

13. NAME: Louis Rueter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois. 2

MOTHER

15. MAIDEN NAME: Lena Stiegman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois. 2

17. INFORMANT (ADDRESS): B. Buttenuth. Isolation Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hoyleton, Ill. DATE January 31, 1937

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED JAN 29 1937 19 J. S. Biebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1937, to Jan. 28, 1937

I last saw him alive on Jan. 28, 1937. Death is said to have occurred on the date stated above, at 2 15 A.m.

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

Scarlet Fever. Date of onset 1-25-37

45a

Other contributory causes of importance:

Carcinoma of Lip!

Name of operation Dissection of neck glands Date of 1-26-37

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? ..... 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?

If so, specify

(Signed) Henry J. Ulrich, M. D.

(Address) 5600 Arsenal.