

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. **3000 a** *Texas Ave*) St. Ward)

File No. **10047**
Registered No. **2608**

2. FULL NAME

Frederick H. Reuter

(a) Residence, No. St. **24** Ward. (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 *Margaret Reuter*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 2^d 1896*

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
<i>7</i>	<i>40</i>	<i>6</i>	<i>3</i>	

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

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) *St. Louis Mo*

13. NAME *Wm. J. Reuter*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

15. MAIDEN NAME *Elizabeth Geers*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

17. INFORMANT *Margaret Reuter*
(ADDRESS) *3006 Texas Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New St. Peter & Paul* DATE *March 8th 1937*

19. UNDERTAKER *J. H. G. & W. Co.*
(ADDRESS) *2630 Gravois Ave*

20. FILED *J. Bredeck*
MAR 6 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 5th 1937*

22. I HEREBY CERTIFY, That I attended deceased from *9-1*, 19*35* to *3-5*, 19*37*

I last saw him alive on *2/5*, 19*37* Death is said

to have occurred on the date stated above, at *4 P.* m.

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

Thrombosis of coronary artery
aneurysm of ascend- ing aorta

Other contributory causes of importance:
9-1-35

Name of operation Date of *no*
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? *no*
If so, specify

(Signed) *P. Bruckbauer*, M. D.
(Address) *3147 S. Jefferson*

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.

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