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.

JUN 12 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 File No. 18159

Township ..... Primary Registration District No. 1003 Registered No. 4735

City St. Louis (No. De Paul Hospital St. Ward)

2. FULL NAME MARTIN FRANK REITH

(a) Residence, No. 2416 Cass St., 21 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dora

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1875

7. AGE: 18 — YEARS: 62 — MONTHS: 2 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Erecting engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self
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) Chicago Illinois

FATHER

13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Notknown

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Mrs Wilma Ketterer 3704 Gravois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Lebanon DATE May 11 37

19. UNDERTAKER (ADDRESS) Askron L + U. Co. 2707 N Grand Blvd

20. FILED MAY 10 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1937, to May 8th, 1937

I last saw him alive on May 8th, 1937. Death is said to have occurred on the date stated above, at 2.15 p

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

Bronchogenic carcinoma of left lung. — Date of onset: Feb 1st ?

Other contributory causes of importance:

none

Name of operation none Date of .....

What test confirmed diagnosis? Pleural fluid as amount 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) Fred P. Gilly, M. D.

(Address) 3611 St Louis Ave. St Louis

226 2 31 31