

JUL 12 1938

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

20429
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **201**
(b) Township Primary Registration District No. **1003**
(c) City **ST. LOUIS MO.** (d) Street No. **CITY HOSPITAL** Registered No. **5568** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John REITENBACH JR. 351
(a) Residence, No. **3309 ST. VINCENT AVE. ST. 17** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **STUDENT**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JUNE 2-1931**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 - 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **STUDENT**
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.**

FATHER 13. NAME **John REITENBACH**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS, MO.**

MOTHER 15. MAIDEN NAME **EDNA JOHNS**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ILLINOIS**

17. INFORMANT (ADDRESS) **John REITENBACH 3309 ST. VINCENT AVE.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SUNSET BURIAL Pk. JUNE 21, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **E. J. Schmur, 3125 LAFAYETTE AVE.**

20. FILED **JUN 20 1938 J. P. Bredeek Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 18 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **2:30 P.M.**

The principal cause of death and related causes of importance were as follows:
Fracture of Skull and Meningitis (Pneumococci) as a result of being struck by a truck being driven by Oscar Soutter at the intersection of Louisiana and St. Vincent about 8:20 A.M., June 9, 1938. Accident.

Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **accident** Date of injury **June 9, 1938**
Where did injury occur? **St. Louis** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **public place**
Manner of injury **see above**
Nature of injury **fracture of skull**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Alpha Perry 4. 20.** (Signed)
Deputy Coroner (Address)

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.

1917

1917

Attention: See above for photo of
body recorded on reverse side of
this certificate was embalmed by
Joseph B. Vollmer, Licensed Embalmer
No. 41014, on 10/17/17 at
St. Mary's Hospital, St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, Joseph B. Vollmer, Licensed Embalmer No. 41014

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Joseph B. Vollmer, L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Joseph B. Vollmer
Licensed Embalmer No. 41014

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)