DEC 13 1937

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

791 9

39614
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. En Route to Registered No. 10601
(c) City St. Louis (d) Street No. Enroute Elexian Bros. Hoepital 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 Arthur Reuter,
(a) Residence, No. 2649 Wyoming St. St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	28	4	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocer
9. Industry or business in which work was done, as saw mill, bank, etc. Proprietor
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 Gottfried Reuter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

MOTHER
15. MAIDEN NAME Amelia Schoen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

17. INFORMANT (ADDRESS) Gottfried Reuter 2649 Wyoming St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset DATE Nov. 17, 1937

19. FUNERAL DIRECTOR (ADDRESS) Wacker-Helderls 2331 S Broadway

20. FILED NOV 16 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH
No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1937

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 4:50 A.M.
The principal cause of death and related causes of importance were as follows:
Laceration and subdural haemorrhage of Brain, following Skull fracture, suffered while deceased was riding in Chevrolet coach driven by one, Ernest Glaeser, struck a concrete post at Bayless and Hildenshein Ave about 4:00 A.M. Nov. 14, 1937. Cause and Manner of Accident could not br determined.
Date of onset
Other contributory causes of importance:
194 b 210 m
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 11/14 1937
Where did injury occur? St. Louis County
(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 see above

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify .....
(Signed) Joseph M. Lucas M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I, Frank J. Hyland, Licensed Embalmer No. 2645

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

L. E.

No. 2645 or by Registered Apprentice No.

working under my personal supervision.

Signed Frank J. Hyland

Licensed Embalmer No. 2645

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