REC'D OCT 12 1938

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

791

30574
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 8011
(c) City St. Louis (d) Street No. 3857 Page Blvd. 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 Leo J. Reuter 360
(a) Residence, No. 3857 Page Blvd. St. 11
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1890
7. AGE: YEARS 47 MONTHS 8 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe-worker
9. Industry or business in which work was done, as 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. 0

FATHER
13. NAME Albert J. Reuter 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 0

MOTHER
15. MAIDEN NAME Mary Sullivan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington D.C.

17. INFORMANT (ADDRESS) Mr. Albert J. Reuter 7380 Maple Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sept. 12, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly 3840 Lindell Blvd.
20. FILED SEP 10 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH
NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1938, 19
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 3:30 m. PM.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Dilatation of Heart;
Mitral Stenosis;
Cardiac Hypertrophy;

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? ..... 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) Alfred J. Perry 4 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lundell

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

If this body is not embalmed, above space should be left blank.