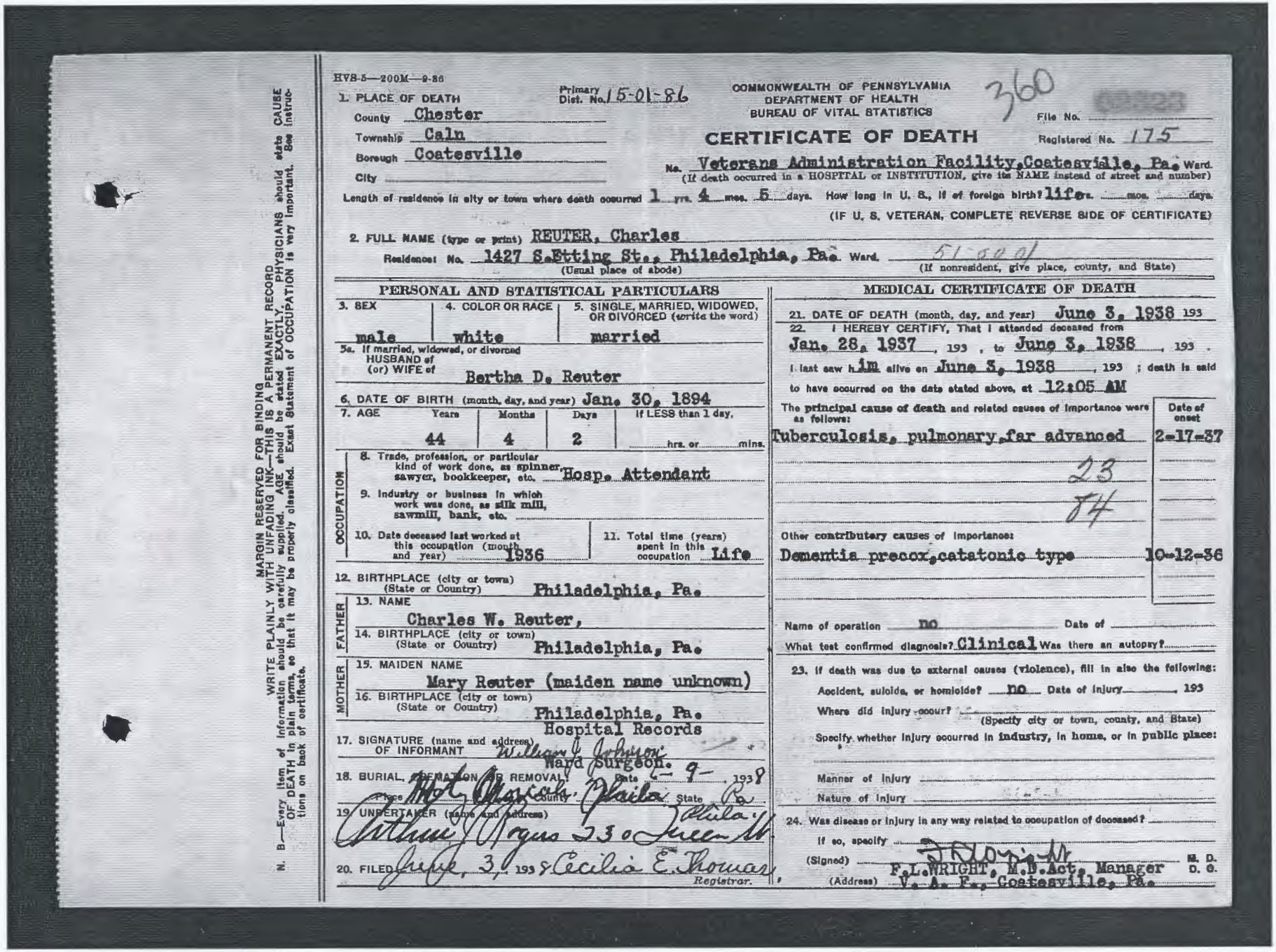

HV8-5—200M—9-36

1. PLACE OF DEATH — Primary Dist. No. 15-01-86

County Chester
Township Caln
Borough Coatesville
City

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

360

File No. [illegible]

CERTIFICATE OF DEATH

Registered No. 175

No. Veterans Administration Facility, Coatesville, Pa. Ward.
(If death occurred in a HOSPITAL or INSTITUTION, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 5 days. How long in U. S., if of foreign birth? life yrs. mos. days.

(IF U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)

2. FULL NAME (type or print) REUTER, Charles

Residence: No. 1427 S. Etting St., Philadelphia, Pa. Ward. 51-00 d
(Usual place of abode) (If nonresident, give place, county, and State)

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. See instructions on back of certificate.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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: Bertha D. Reuter

6. DATE OF BIRTH (month, day, and year) Jan. 30, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or mins.
44	4	2	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or Country) Philadelphia, Pa.

FATHER

13. NAME Charles W. Reuter,

14. BIRTHPLACE (city or town) (State or Country) Philadelphia, Pa.

MOTHER

15. MAIDEN NAME Mary Reuter (maiden name unknown)

16. BIRTHPLACE (city or town) (State or Country) Philadelphia, Pa.

17. SIGNATURE (name and address) OF INFORMANT Hospital Records
William C. Johnson
Ward Surgeon.

18. BURIAL, CREMATION, OR REMOVAL — Date June 9, 1938
Place Mt. Moriah Phila. County Phila. State Pa.

19. UNDERTAKER (name and address) Arthur J. Rogus 330 Green St. Phila. Pa.

20. FILED June 3, 1938 Cecilia E. Thomas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1937, to June 3, 1938,

I last saw him alive on June 3, 1938; death is said to have occurred on the date stated above, at 12:05 AM

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

	Date of onset
Tuberculosis, pulmonary, far advanced	2-17-37
23	
84	
Other contributary causes of importance:	
Dementia precox, catatonic type	10-12-36

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury, 193

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?

If so, specify

(Signed) F. L. Wright M. D.
F. L. WRIGHT, M.D. Act., Manager M. D. D. O.

(Address) V. A. F., Coatesville, Pa.