WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

39960

File No. 11540

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

City St Louis (No. Alexen Bros Hospital St. ..... Ward)

2. FULL NAME William H. Detter

(a) Residence. No. 3301 Michigan St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7. 1883.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46.	2.	17.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Distributer
(b) General nature of industry, business, or establishment in which employed (or employer) Deliver Hand Bills
(c) Name of employer self.

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Phillip Detter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) France.

12. MAIDEN NAME OF MOTHER Matilda Peterson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Sweden.

14. INFORMANT Mrs Leonora Breig
(Address) 4021 Rheinebergo

15. FILED ..... 19 ..... Wm C Stevens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 24 1929

17. I HEREBY CERTIFY, That I attended deceased from October 10th, 1925, to November 24, 1929, that I last saw him alive on November 23, 1929 and that death occurred, on the date stated above, at 2 20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Asthma.

(duration) 8 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis

(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? —
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? —

Nov 25th 1929 (Signed) Albert Bierbaith, M. D.
(Address) 3548 S. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St Paul Church Yard — DATE OF BURIAL Nov 27 1929

20. UNDERTAKER M Langstein — ADDRESS 1631 Russian

Bridsbarth
Grand & Gravais