

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

Do not use this space.

41294

1. PLACE OF DEATH

County.....
Township.....
City..... ST. LOUIS

Registration District No. 791
Primary Registration District No. 1003
(No. ST. MARY'S INFIRMARY)

File No.....
Registered No. 11967
St..... Ward)

2. FULL NAME

Otto DETTE
(a) Residence. No. Vienna Mo. St. 22 Ward. Vienna Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 10th 1911</u>		
7. AGE YEARS <u>19</u>	MONTHS <u>—</u>	DAYS <u>13</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>FARMER</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

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

PARENTS	10. NAME OF FATHER <u>Joseph DETTE</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mo.</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Christina Stettman</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mo.</u> (STATE OR COUNTRY)

14. INFORMANT Christina Redel
(Address) Vienna Mo.

15. FILED 23 1930
May C. Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/23/30 1930

17. I HEREBY CERTIFY, That I attended deceased from 2/8/30 1930, to 12/23/30 1930, that I last saw him alive on 12/23/30 1930, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Osteomyelitis
155A
36 (duration) yrs. mos. ds.
CONTRIBUTORY pyemia
(SECONDARY) 155A
(duration) 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.....
(Signed) Marion Johnston, M. D.
, 1930 (Address) 1536 Papineau St. Mo.

*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 Vienna Mo. DATE OF BURIAL Dec 25th 1930

20. UNDERTAKER Edward Ford ADDRESS 3576 N. 14th St.

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.

