

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

Do not use this space.

7632

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *1791*
Primary Registration District No. *1003*
(No. *2603 Palm*)

File No.....
Registered No. *1992*
St. Ward)

2. FULL NAME

Harold J. Detert

(a) Residence No. *2603 Palm* St. *28* Ward *8*
(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 <i>Male</i>		4. COLOR OR RACE <i>White</i>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>3/6/1885</i>					
7. AGE		YEARS <i>45</i>	MONTHS <i>11</i>	DAYS <i>5</i>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <i>Police Officer</i>					
(b) General nature of industry, business, or establishment in which employed (or employer) <i>Retired</i>					
(c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>					
PARENTS	10. NAME OF FATHER <i>Edward Detert</i>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>				
	12. MAIDEN NAME OF MOTHER <i>Clara Brinkman</i>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>					
14. INFORMANT <i>Clara Leifield</i> (Address) <i>2603 Palm St</i>					
15. FILED <i>FEB 14 1931</i> <i>Max C. Standley</i> REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 11* 19 *31*

17. I HEREBY CERTIFY, That I attended deceased from *Aug 1* 19 *30*, to *Feb 11* 19 *31*, that I last saw him alive on *Feb 11* 19 *31*, and that death occurred, on the date stated above, at *St. Louis* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Leurhosis of Liver non alcoholic (duration) yrs. 6 mos. 11 ds.

CONTRIBUTORY *chronic nephritis* (SECONDARY) (duration) yrs. 6 mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED *12413*

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no* (1)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Joseph Gill* M. D.

Feb 13 19 *31* (Address) *3636 Chestnut*

*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 <i>Calvary Cemetery</i>	DATE OF BURIAL <i>Feb 13 1931</i>
20. UNDERTAKER <i>Meek and Dickman</i>	ADDRESS <i>3039 Eastern</i>

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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