

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

Do not use this space.

10602

1. PLACE OF DEATH

County..... Registration District No. *191*
Township..... Primary Registration District No. *253*
City *St. Louis* (No. *4425 West Pine*)

File No.
Registered No. **2668**
St. Ward)

2. FULL NAME *Eoline Detrich*

(a) Residence, No. *4425 West Pine* St., *19* Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Robert G. Detrich</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>11-8-1852</i>		
7. AGE	YEARS <i>79</i>	MONTHS <i>4</i>
		DAYS <i>10</i>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>house-wife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <i>Marshall</i> 2 (STATE OR COUNTRY) <i>see</i>		
FATHER	13. NAME <i>C. A. Bradshaw</i>	
	14. BIRTHPLACE (CITY OR TOWN) <i>see</i> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN <i>Unknown Whaley</i>	
	16. BIRTHPLACE (CITY OR TOWN) <i>New York</i> (STATE OR COUNTRY)	
17. INFORMANT <i>Elizabeth Detrich</i> (ADDRESS) <i>5029 Cabanne Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Peter's</i> DATE <i>3-21</i> , 19 <i>32</i>		
19. UNDERTAKER <i>Ally Anderson & Sons</i> (ADDRESS) <i>1217 S. Delaware</i>		
20. FILED <i>MAR 20 1932</i> <i>W. H. H. (H. H. H.)</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 18*, 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *June 1*, 19*22*, to *March 18*, 19*32*
I last saw h. or alive on *Mar. 18*, 19*32* Death is said to have occurred on the date stated above, at *10:45 P.M.*
The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic
Nephritis, ch. int.
131
131 *131* *131* *131*
Other contributory causes of importance: *131*

Date of onset	<i>1910</i>
	<i>1929</i>

Name of operation

What test confirmed diagnosis? *Phys. and* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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) *W. H. H. Shuckelford*, M. D.
(Address) *3903 Olive*

AINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOTE--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.

PERMANENT RECORD
EXACTLY BY
RECORDS

FILE WITH RECORDING INSTRUMENT

CAUSE OR
RECORD

RECORD OF HEAD

