

JUL 14 1936

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

Do not use this space.

24597

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis, Mo. (No. Desloge Hospital) St. Ward)

File No.
Registered No. **6218**

2. FULL NAME

Herman C. Dettenbach

(a) Residence, No. 3717a Kossuth Ave., St. 10 Ward. (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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Dettenbach		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31st, 1876		
7. AGE YEARS 59	MONTHS 10	DAYS 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **O'Fallon, Ills.**
(STATE OR COUNTRY)

13. NAME **Gottlieb Dettenbach**

14. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

15. MAIDEN NAME **Sophie Schlansher**

16. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

17. INFORMANT **Martha Dettenbach**
(ADDRESS) **3717a Kossuth Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cem.** DATE **June 19th, 1936**

19. UNDERTAKER **Henry Leidner Und. Co.**
(ADDRESS) **1417 N. Market Street.**

20. FILED **J. Predeck**
19 **18 1936**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 16**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **April 6**, 19**36**, to **June 16**, 19**36**

I last saw him alive on **June 15**, 19**36**. Death is said to have occurred on the date stated above, at **8:10 A.m.**

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

Arteriosclerotic cardiac vascular renal disease with hypertension and coronary occlusion.

Date of onset **Uncertain**
About **9 weeks**
Recent **About 3 days**
Uncertain **About 6 weeks**

Other contributory causes of importance:
Pulmonary infarct
Chronic pulmonary tuberculosis
Myocardial insufficiency with congestive failure

Name of operation **Jaekle** Date of

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

Where did injury occur?

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? **No.**

If so, specify **Arteriosclerotic cardiac vascular renal disease with hypertension and coronary occlusion.**
(Signed) **Frederick J. Stuber**, M. D.
(Address) **1325 South Grand Blvd. St. Louis, Mo.**

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.

