

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

Do not use this space.

AUG 25 1936

229425

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township Jefferson Primary Registration District No. 62484
 City Richmond Hills, Mo. ST. MARYS HOSPITAL St. _____ Ward _____

2. FULL NAME RICHARD C DETMERS

(a) Residence, No. 1857 FOLK AVE St., _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/11/36 .1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) ELIZA J (NEE SAWYER) DETMERS

22. I HEREBY CERTIFY, That I attended deceased from Accident June 30, 1936 to July 11, 1936
 I last saw him alive on _____, 1936 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 1 - 1857

to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 8 1

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MACHINIST
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Pulmonary Embolism
 Other contributory causes of importance:
Acute pneumonia
Senile
Fractured right femur

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation _____ Date of _____
 What test completed diagnosis? _____ Was there an autopsy? yes

FATHER 13. NAME JOHN HENRY DETMERS

23. If death was due to external causes (accident, suicide, or homicide) or injury, specify the following:
 Accident, suicide, or homicide _____ of injury _____, 19____
 Where did injury occur? _____ (specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

Manner of injury _____
 Name of doctor _____
 (Signature) _____ M. D.

MOTHER 15. MAIDEN NAME UNKNOWN

24. If death was due to internal causes (disease) specify the following:
 Name of disease _____
 (Signature) _____ M. D.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

25. If death was due to injury in any way related to occupation of deceased?
 If _____

17. INFORMANT Eliza Detmer (ADDRESS) 2857 Folk & Maplewood Ave.

26. If death was due to injury in any way related to occupation of deceased?
 If _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Piedmont, Mo. DATE July 14, 1936

27. If death was due to injury in any way related to occupation of deceased?
 If _____

19. UNDERTAKER JAY B. SMITH FUNERAL HOME (ADDRESS) 7456 MANCHESTER AVE, MAYWOOD, MO.

28. If death was due to injury in any way related to occupation of deceased?
 If _____

20. FILED July 13, 1936 Bertrude Porter Registrar

(Address) 3720 Washington, Len. Blvd
St. Louis Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Taken to St. Mary's Hospital after accident
for two to three days taken care of by Doctor
White.

Insurance Company turned case over to Doctor Diehr.

Autopsy by Doctor Ives.

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1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

File No. _____

Township _____

Primary Registration District No. 6228H

Registered No. 193

City Richmond Hts

St. _____ Ward _____

2. FULL NAME

Richard C. Detmers

(a) Residence, No. _____ St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/11, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

Last seen _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at _____ m.

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

7. AGE YEARS 78 MONTHS 8 DAYS 1 If LESS than day, _____ hr _____ or _____ min

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

Dr. A. H. Diehr, Missouri Theatre Building, St. Louis, 6/30/36 attended this man from the time of the accident. Dr. Ives, signer of this certificate, merely conducted the autopsy.
Other contributory causes of importance: Fracture of right femur

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED July 13, 1936 Sam A. Bassett, M. D. Registrar

Name of operation _____ Date of operation _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/30, 1936
Where did injury occur? Wallace Pencil Co., St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place.
Manner of injury Slipped on concrete floor.
Nature of injury Fracture of right femur.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Les Ives, M. D.
(Address) 3220 Washington Blvd

SUGGESTED BY THE BOARD

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

29425

WATERBURY