

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.

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

Do not use this space.

JUL 8 - 1987

1. PLACE OF DEATH

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1008**

City .....

(No. **2926 N. Neustead Ave.**)

File No. **21689**

Registered No. **5441**

St. .... Ward)

2. FULL NAME **Harry Detert**

(a) Residence, No. **2926 N. Neustead St.** **10** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 29 1937**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Grace Detert**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 8, 1892**

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at **12.45 P.M.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. **45 2 21**

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Bartender**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Noltes Bar**  
10. Date deceased last worked at this occupation (month and year) **May 29, 1937** 11. Total time (years) spent in this occupation **Life**

*Coronary Sclerosis  
Arteriosclerosis  
Chronic Nephritis*

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

Other contributory causes of importance: **12/1**

13. NAME **Conrad Detert**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)

15. MAIDEN NAME **Clara Brinkmann**

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury.....  
Nature of injury.....

17. INFORMANT **Mrs. Grace Detert** (ADDRESS) **2926 N. Neustead**

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

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **June 2, 1937**

19. UNDERTAKER **BENSIEK-NIEHAUS** (ADDRESS) **1138 N. J. St.**

(Signed) **Joseph M. Jones**, M.D. (Address) **1234 N. J. St.**

20. FILE **4661 - NOC** Registrar.

802

