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.

JAN 26 1934

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

Do not use this space.

41623

File No.

Registered No. 10643

1. PLACE OF DEATH

County

Registration District No. 78

Township

Primary Registration District No.

City St Louis (No. City Hosp. St. (Ward)

2. FULL NAME Ethel Dittmann

(a) Residence, No. 1221 Lynn St., 23 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 1890

7. AGE YEARS 43 MONTHS 2 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

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) Piedmont Mo.

FATHER

13. NAME Sam Warren

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

MOTHER

15. MAIDEN NAME Lillie Button

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont Mo.

17. INFORMANT Hosp Dy R. Kent (ADDRESS) City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE Dec 12 1933

19. UNDERTAKER E J Lehmer (ADDRESS) 3125 Lafayette ave.

20. FILED 1933 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1933, to 12-10, 1933. I last saw her alive on 12-10, 1933. Death is said to have occurred on the date stated above, at 5 10 m.

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

Lobar Pneumonia

108

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

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)

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) L. B. Good, M. D.

(Address) City Hosp