

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.

WHITE PRINT, WITH IMPROVED INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

17864

1. PLACE OF DEATH

County _____ Registration District No. **791**
 Township _____ Primary Registration District No. **1003**
 City St. Louis (No. 3943 N. 9th St.) St. _____ Ward _____

File No. _____
 Registered No. **4179**
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3943 N. 9th St. 26 Ward.

Length of residence in city or town where death occurred 64 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marie Ditting</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 29, 1850</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>3</u>
		DAYS <u>9</u>
	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired foreman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>chemical works</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7-20</u>	
	11. Total time (years) spent in this occupation <u>40</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wierttemberg Germany</u>		
FATHER	13. NAME <u>Frederick Ditting</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wierttemberg Germany</u>	
MOTHER	15. MAIDEN NAME <u>Maria Gehrmann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frazenhof Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Frieda Keller 3943 N. 9th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Crematory</u> DATE <u>May 9, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Suedmeyer & Sons 3934 N. 20th St.</u>		
20. FILED <u>MAY -9 1935</u> <u>J. J. Brebeck</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1935, to May 8, 1935.
 I last saw him alive on May 7, 1935. Death is said to have occurred on the date stated above, at 7:50 p. m.
 The principal cause of death and related causes of importance were as follows:
Medical Regeneration
92
 Other contributory causes of importance:
Arterio Sclerosis

Name of operation _____ Date of _____
 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? _____ Date of injury _____, 1935.
 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? no
 If so, specify _____
 (Signed) A. L. Shutes, M. D.
 (Address) 3750 N. 17th

