

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.

DEC 12 1935

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

Do not use this space.

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1003

37843

File No. _____
Registered No. 9820
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 5838, 4 Elm Ave.)

2. FULL NAME

Cornelius J. Dittol-Dittoe

(a) Residence, No. 5838 e Elm St. 5 Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1870

7. AGE YEARS 65 MONTHS 9 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ironman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. C. Can Co.
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) Paris Ill.

MOTHER FATHER 13. NAME James Dittol

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

15. MAIDEN NAME Elizabeth Sullivan

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

17. INFORMANT (ADDRESS) Clara Dittol
5838 e Elm

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 25 1935

19. UNDERTAKER (ADDRESS) Chas. A. Stuart
1425 Union Blvd.

20. FILED NOV 24 1935 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1935, to Nov. 22, 1935
I last saw h. in alive on Nov. 21, 1935. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Cancer of stomach Date of onset 2 yrs.
46

Other contributory causes of importance: _____

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 _____, 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? no
If so, specify _____
(Signed) Paul W. Oelken, M. D.
(Address) 3148 Olive St.

3148 Olive St.

1-3 P.M.

RECEIVED
JAN 10 1900

Very faint, illegible text, possibly a letter or document, with some words like "Dear Sir" and "Yours truly" visible.