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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23885

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6227

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1900 SULLIVAN AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community 30 YRS. 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County

(c) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL")

(d) Street No. 1900 SULLIVAN AVE.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME JOSEPH DITTRICH

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife AURELIA DITTRICH

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased NOV. (Month) 7TH (Day) 1867 (Year)

8. AGE: Years 73 Months 8 Days 21 If less than one day — hr. — min.

9. Birthplace MANSFIELD (City, town, or county) OHIO 1 (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business BLACKSMITH

MOTHER FATHER

12. Name JOHN DITTRICH

13. Birthplace AUSTRIA. (City, town, or county) 4 (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace AUSTRIA (City, town, or county) 4 (State or foreign country)

16. (a) Informant Marie Dittrich

(b) Address 1900 Sullivan Ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 31-41 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brookland Und. Co

(b) Address 1827 HOGAN STR.

19. (a) JUL 30 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 28TH year 1941. hour 11 30 minute P. M.

21. I hereby certify that I attended the deceased from July 19 41, 19..., to July 29, 19 41; that I last saw him alive on July 28, 19 41; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Regurgitation — Duration 1 month
Mitral Regurgitation — 14 hrs
asphyxia. — 10 min

Due to

Due to

Other conditions Arteriosclerosis. — 1 month
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. F. Stengel (M. D. or other) D

Address 187 S. Maple Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J Wm Dunkley

Licensed Embalmer No. 3657

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.