

S. No. 2  
M-5-42  
7-5-17-39  
P-1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35314**  
Registrar's No. **9677**

FILED DEC 1 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH: **St. Louis, Mo.**  
(a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: **City Sanitarium 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8yrs. 6mos. 26days.**  
In this community **About 68 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000 12 13**  
(c) City or town **St. Louis**  
(d) Street No. **6808 Salzburger Ave.**  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JOHN DITZLER**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **17**  
year **1942** hour **2:20** minute **P.** M.

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**  
7. Birth date of deceased **March 6, 1868**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **7-1-40**, 19\_\_\_\_, to **11-17-42**, 19\_\_\_\_;  
that I last saw him **1m** alive on **11-17-42**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Duration \_\_\_\_\_  
Immediate cause of death \_\_\_\_\_

8. AGE: Years **74** Months **8** Days **11**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**Carcinoma of Larynx (9-1-42?)**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace **Unknown Illinois**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Retired Foreman of Candy Co.**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **Yes**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name **Jacob Ditzler**  
13. Birthplace **Unknown Switzerland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Barmeyer**  
15. Birthplace **Unknown Switzerland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John O. Ditzler**  
(b) Address **3275 Regal Place**  
17. (a) **Burial** (b) Date thereof **11/21/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

18. (a) Signature of funeral director **John H. Gebber**  
(b) Address **2630 Gravois**  
19. (a) **NOV 20 1942** (b) **J. J. Bredesk**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **J. J. Bredesk** M. D. or other \_\_\_\_\_  
Address **5400 Arsenal St.** Date signed **11-19-42**

SEP 27 1950

SEP 29 1950

**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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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

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