V. S. No. 2
100M—2-43
Re 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21685

FILED JUL 12 1943

Registration District No. 7/81

Primary Registration District No. 5594

Registrar's No. 15-76

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL — Meramec
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 7 months 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON 50

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JULIUS DITTMAIER

3. (b) If veteran, name war Mo.

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Catherine

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

7. Birth date of deceased 9 (Month) 18 (Day) 1868 (Year)

8. AGE: Years 74 Months 10 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace GERMANY (City, town, or county) GERMANY 4 (State or foreign country)

10. Usual occupation FARMER, RETIRED

11. Industry or business FARMING

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Brother Patrick, O.S.F.
(b) Address St. Joseph's Hill Infirmary, Eureka, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter's, Paul.

18. (a) Signature of funeral director [illegible]
(b) Address 4016 Chippewa, St. Louis

19. (a) 23 JUN 1943 (Date received local registrar) (b) James A. Tourneau (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 23 year 1943 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from November 17 1942 to May 27 1943 that I last saw him alive on June 21 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) (1) Arterio-Sclerosis - Cardiac	
Major findings: Of operation (2) Diabetes	
Of autopsy None	

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 .....

Signature Gilbert M. Dearing (M. D.)
Address 2 Lindell Drive Date signed 6-28-43
Union Mo.

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(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. Albert L. Hopper

Licensed Embalmer No. 2971

P. O. Address.....

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.