

REG. AUG 7 1943 318

Registration District No. _____ Primary Registration District No. 10018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. John's Hospt.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 16 years
years, months or days)

3. (a) PRINT FULL NAME Lambert Ditch

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Gora Ditch

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

7. Birth date of deceased 1 27 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|-----------|----------|-----------|----------|
| <u>71</u> | <u>5</u> | <u>29</u> | hr. min. |
|-----------|----------|-----------|----------|

9. Birthplace Waterloo Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business _____

MOTHER FATHER {

12. Name George Ditch

13. Birthplace Waterloo Ill
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Waterloo Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Tillman Ditch

(b) Address 2805 St. Louis Ave

17. (a) burial (b) Date thereof 7-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2222 St. Louis Ave

19. (a) [Signature] (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 6823 100

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No 4970 Oakland Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day July
year 1943 hour 9:45 minute 10 M.

21. I hereby certify that I attended the deceased from July 20 to July 26, 1943
that I last saw him alive on July 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
coronary atherosclerosis
neurolysis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

AK

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? _____

While at work? _____
(Specify type of place) (e) Means of injury.

23. Signature [Signature] (M. D. or other) M.D.
Address 4004 Chouteau Ave Date signed _____

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

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

Licensed Embalmer No. *2777*

P. O. Address *St. Louis, Mo*

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.