

S. No. 2
DM-5-43
v. 5-17-39
No. 1 X36671

FILED DEC 2 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. 20937
Registrar's No. 9866

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

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:
City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4/2/46 11/18/46
(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. 2114 Clark
(If rural, give location)

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

3. (a) PRINT FULL NAME Ditto, Annie

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored

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

6. (b) Name of husband or wife Edgar Ditto

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

7. Birth date of deceased July 13 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>4</u>	<u>4</u>	<u>9 hr. 15 min.</u>

9. Birthplace Washington County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business _____

MOTHER FATHER { 12. Name Jimmy Brown

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

14. Maiden name Louiza Merk
(City, town, or county) (State or foreign country)

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal

17. (a) BURIAL (b) Date thereof 11-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) NOV 19 1946 (b) J. F. Budak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1946 hour 9:15 minute _____ A.M.

21. I hereby certify that I attended the deceased from April 4
19 46, to November 18 19 46
that I last saw her alive on November 18 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Organic brain disease 1946 plus
Chronic bronchitis 1 Mo.

Due to _____

Due to _____

Other conditions _____
(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? _____

While at work? _____ (Specify type of place)

23. Signature Palmer Priscilla Bowler (M. D. or other) _____

Address 5800 Arsenal 11/18/46 Date signed _____

Rep Cert filed

NOV 19 1946
NOV 30 1946

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.....

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.