

FILED OCT. 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 31711  
 Registrar's No. 8340

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>15-4701 Pennsylvania Ave.</b>			
3. NAME OF DECEASED (Type or Print) <b>Marie Dittrich</b>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <b>Sept. 27, 1949</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>Dec. 9, 1885</b>		9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Graz, Austria</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Franz Burkowski</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Victor R.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Victor Dittrich, 4701 Pennsylvania</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>following resolution of 5th nerve</b> DUE TO (c) <b>post. root ganglion 9-23-49</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 day</b>	
19a. DATE OF OPERATION <b>9-23-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Resolution of post. root ganglion of 5th nerve</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR? <b>361 X</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>J. P. Shelton</b> (Degree or title)				23b. ADDRESS <b>16 Hampton Village Reg</b>		23c. DATE SIGNED <b>9-27-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 30, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Pauls Church Yd.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 27 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lusater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Schumacher Und. Co.</b>		ADDRESS <b>3013 Meramec St.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *3565*

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.