

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24697

FILED AUG 11 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6285**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>		a. STATE <i>Missouri</i> b. COUNTY <i>St Louis</i>	
c. LENGTH OF STAY (In this place) <i>5 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i> 4830	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Louis State Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>434 Grant Rd.</i> 1	

3. NAME OF DECEASED (Type or Print) MARGARET LEE DITTO	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 21, 1950
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5. SEX <i>F</i>	6. COLOR OR RACE <i>w.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Nov 6 1868</i>	9. AGE (In years last birthday) <i>81</i>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Housekeeper</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Springton N.Y.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>John Cox</i>	13b. FATHER'S MAIDEN NAME <i>Elizabeth Clarkson</i>	14. NAME OF HUSBAND OR WIFE <i>Thomas E Ditto</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Maurice J Martin</i>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day 1948x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
DUE TO (b) Cerebral Thrombosis			
DUE TO (c) Arteriosclerotic Heart Disease			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>4200</i>
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22. I hereby certify that I attended the deceased from **Aug. 23**, 19**48**, to **July 21**, 19**50**, that I last saw the deceased alive on **July 21**, 19**50**, and that death occurred at **7:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Curry Hyacin MD</i>	U (Degree or title)	23b. ADDRESS 5400 Arsenal St.	23c. DATE SIGNED 7/22/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE July 22, 1950	24c. NAME OF CEMETERY OR CREMATORY <i>Cave Hill Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Louisville Ky.</i>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Fasater	25. FUNERAL DIRECTOR'S SIGNATURE <i>Northmann</i>	ADDRESS <i>Route St. Charles Mo.</i>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Arthur C. Bone

Signed.....

Student Embalmer

Licensed Embalmer No. *3155*

P. O. Address *St. Charles 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.