

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7293

State File No.

FILED FEB 18 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 322

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glasgow Village</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glasgow Village</u> | |
| c. LENGTH OF STAY (in this place) <u>2 years</u> | | d. STREET ADDRESS (If rural, give location) <u>401 Caithness Road</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>401 Caithness Road</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Ditmeyer, Sr.</u> c. (Last) <u>Ditmeyer, Sr.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1954</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Feb. 3, 1880</u> |
| 9. AGE (In years last birthday) <u>74</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired (unk)</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Lawrence Ditmeyer</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret (Unknown)</u> | 14. NAME OF HUSBAND OR WIFE <u>Helen A. Ditmeyer</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>None</u> | 16. SOCIAL SECURITY NO. <u>489-10-7293</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Ditmeyer; 401 Caithness Rd.</u> |

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>2-3 yrs.</u> <u>Many years.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emphysema</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Bronchitis.</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) <u>5020</u> |
| 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? _____ |

22. I hereby certify that I attended the deceased from 11-21, 1953, to 2-5, 1954; that I last saw the deceased alive on 2-2, 1954, and that death occurred at 3:05A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Norman G. James, M.D.</u> | 23b. ADDRESS <u>1903 Diamond Dr. (15)</u> | 23c. DATE SIGNED <u>2-5-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>2/8/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PROVOST UND. CO., 3710 No. Grand Bl</u> |
| DATE REC'D BY LOCAL REG. <u>2-5-54</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donk M.D.</u> | |

SW (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

19783 Standard Bk
N. Norman

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 Stanley F. Dixon
Licensed Embalmer No. 4193

P. O. Address St. L.

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.