

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17777
Registrar's No. 4201

FILED JUN 11 1956

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____

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) OR TOWN <u>St. Louis</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital DOA</u>		c. CITY OR TOWN <u>4452 Clayton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
		e. STREET ADDRESS (If rural, give location) <u>7525a Byron Place</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LAVERN</u>	b. (Middle) <u>ELLSWORTH</u>	c. (Last) <u>DITSLER</u>	4. DATE OF DEATH (Month) <u>4</u> (Day) <u>27</u> (Year) <u>56</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 20, 1894</u>	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Acme Printing Ink Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Huntington, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown Ditsler</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Mae Ditsler</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or date of service) <u>WW #1</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ida Mae Ditsler - 7525a Byron Place</u>		

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 MINUTES</u> <u>3 yr's.</u> <u>3 yr's.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY ATHEROSCLEROSIS</u>		
	DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Aug. 23, 1953, to Apr. 27, 1956, that I last saw the deceased alive on Apr. 14, 1956, and that death occurred at 4 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert E. Koch</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>35 N. Central, Clayton, Mo.</u>	23c. DATE SIGNED <u>4-28-56</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>4-29-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oconto Falls Catholic Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Oconto Falls, Wisconsin</u>
DATE REC'D BY LOCAL REG. <u>APR 30 1956</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton & Sons-7233 Delmar Blv'd.,</u>	

m&B. (Licensed Embalmer's Statement on Reverse Side)

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

300
48

LA 3-9030
1307 3 30 P.M.

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.....
Signature of Student Embalmer

Signed *Clarence F. Murray*.....

Licensed Embalmer No. 401.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.