

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026898  
STATE FILE NUMBER

FILED JUL 18 1958		Registration District No. 318	Primary Registration District No. 1003	Registrar No. 6809
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. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3/ State Hospital</b>		Length of stay in lb <b>2 1/3</b>		STREET ADDRESS (If outside, give location) <b>5400 Arsenal St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>MARIE DITZLER</b>		4. DATE OF DEATH <b>July 7 1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 15, 1874</b>	9. AGE (In years last birthday) <b>83</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>
13. FATHER'S NAME <b>Jacob Ditzler</b>		14. MOTHER'S MAIDEN NAME <b>Mary Baumann</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Marie Rothwell 2331 Mullanphy St.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial Pneumonia</b> <b>Fracture of Left Hip.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>suffered when she fell on</b>				INTERVAL BETWEEN ONSET AND DEATH <b>E903 7</b> <b>44</b>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) <b>fallen on floor June 13 1958 at State Hospital</b>		
20c. TIME OF INJURY Hour <b>11:15</b> a. m. Month, Day, Year <b>6 12 58</b>		20d. PLACE OF INJURY (e. g., in or about home, firm, factory, street, office, etc.) <b>State Hospital</b>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo</b> COUNTY <b>090</b> STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>10:55 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>Carl Smith</b> (Type or print)		22b. ADDRESS <b>1300 Chase</b>		22c. DATE SIGNED <b>7/11/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/8/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
24. FUNERAL DIRECTOR <b>Cullen Kelly</b>		ADDRESS <b>7267 Natural Bridge</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 8 '58</b>
26. REGISTRAR'S SIGNATURE <b>Carl Smith</b>				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Health, Welfare Public Service

300 1-56

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.. *Not Embalmed*

Student.....  
Signature of Student Embalmer

Signed..... *James A. Lamson*

Licensed Embalmer No. *411*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.