WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7092

File No. 1972

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. St Anthonys Hospital St. Ward)

Registration District No. 7811

Primary Registration District No. 1001

2. FULL NAME Catherine Dittmaier

(a) Residence, No. 907 Utah St St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Julius J. Dittmaier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 1868

7. AGE Years 65 Months 7 Days 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Euselius Pappert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Catherine Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Julius Dittmaier
(ADDRESS) 907 Utah St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE S.S. Peter & Paul DATE Feb 26 1934

19. UNDERTAKER Oscar J. Hoffmeister
(ADDRESS) 4016 Chippewa St

20. FILED MAR 24 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-13- 1934, to 2-22- 1934,

I last saw her alive on 2-22- 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. cardiac dilatation	

Other contributory causes of importance: Ca of cervix

Name of operation Hysterectomy Date of 2/19/34

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. F. Flemm, M. D.

(Address) 3115 N. Grand

Dr. Mann