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.

REC'D APR 12 1939

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

8653
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No.

(b) Township or City St. Louis, Mo. 1 Primary Registration District No. Registered No. 2418

(c) (d) Street No. 2511 Minnesota St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME 356 Mrs. Annie Dittmar

(a) Residence, No. 2511 Minnesota St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Dittmar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household
9. Industry or business in which work was done, as 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 6

FATHER
13. NAME Johann Becker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Magdalena Kuehner 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mr. C. Gretschow 5011 Nottingham

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn Cem. DATE March 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beiderwieden F. H. Inc. 1936 St. Louis Avenue

20. FILED MAR 14 1939 19 J. D. Buchen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-16-, 1939, to 3-11-, 1939
I last saw her alive on 3-11-, 1939. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure Congestive Type	years
Auricular Fibrillation	2 mos
Myocarditis Chr.	years
Nephritis, Chr.	"

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

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) H. J. Rudi by [illegible] M. D.
(Address) 3532 Grasso Ave

(Licensed Embalmer's Statement on Reverse Side)

Dr. H Rudi

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Theo. W. Beiderwieden

Licensed Embalmer No. 506

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.