

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5015 South Kingshighway Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **born here** years, months or days)

3. (a) PRINT FULL NAME **Charles Dittmar, Sr.**
8. (b) If veteran, name war **None** **8. (c) Social Security No.** **None**

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced.** **widowed**
6. (b) Name of husband or wife. **Rosette Dittmar** **6. (c) Age of husband or wife if alive.** _____ years
7. Birth date of deceased. **September 6, 1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **3** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace. **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Retail Paint Store**

11. Industry or business. **Own Business**

MOTHER FATHER
12. Name. **Henry Dittmar**
13. Birthplace. **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name. **Unknown**
15. Birthplace. **Germany**
(City, town, or county) (State or foreign country)

18. (a) Informant's own signature. **Myrtle Berberich**
(b) Address. **5015 South Kingshighway Blvd.**

17. (a) Burial **(b) Date thereof.** **Dec. 16, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. **New St. Marcus Cemetery**

18. (a) Signature of funeral director. **Wm. J. Robert L. & U. Co.**
(b) Address. **1905 So. Grand Blvd.**

19. (a) DEC 14 1940 **(b) J. N. Brecher**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **15**
(If outside city or town limits, write "RURAL")
(d) Street No. **5015 South Kingshighway Blvd.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **12**
year **1940** hour **3** minute **05** P.M.

21. I hereby certify that I attended the deceased from **Sept. 30,** 19 **40**, to **Dec. 12,** 19 **40**;
that I last saw **him** alive on **Dec. 12,** 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lung Abscess, Cause unknown** **Duration 3 mo.**
Due to _____
Due to _____

Other conditions **Emphysema**
(Include pregnancy within 3 months of death)
Arteriosclerotic Heart Disease **PHYSICIAN**
Major findings: **None performed**
Of operations _____
Of autopsy **None performed**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify). _____
(b) Date of occurrence. _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **W. J. Sainbury** (M. D. or other) **M. D.**
Address **3258 Lafayette Ave.** **Date signed** **12-14-40**
While at work? _____ (Specify type of place) (e) Means of injury _____

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.....

John Ketter

Licensed Embalmer No..... *3880*

P. O. Address.....

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, above space should be left blank.