

No. 2  
1-4-41  
-17-39  
X26390

FILED AUG 28 1941 791

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 5507

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:  
Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clara Dittlinger

3. (b) If veteran, name war... None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Late Dr. E.V. Dittlinger 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct. 19th 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 8 12 hr. min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown Becker

13. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Nicholas Dittlinger

(b) Address 3639 Phillips Ave.

17. (a) Burial (b) Date thereof 7-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshausler Montuari  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 3-1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3639 Phillips Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st  
year 1941 hour 11 minute A.M. M.

21. I hereby certify that I attended the deceased from 2-24-41  
to 7-1-41  
that I last saw her alive on 7-1-41  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Right Hemiplegia  
Due to.....

Due to C.V. R. Disease (Cardio-Vascular Renal)

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration

2 days

PHYSICIAN

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) NO  
(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 [Signature] (Specify type of place) While at work? (e) Means of injury.....  
Signature [Signature] (d) or other  
Address [Address] Assigned 7-2-41

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

SEP 10 1958

**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 *Edwin J. Mc Dermott*

Licensed Embalmer No. *3024*

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, fact should be so stated above.**