33034

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 10 1943

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8814

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

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: 1202 Madison St. / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 40 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 926 (If outside city or town limits, write "RURAL")

(d) Street No. 1202 Madison St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Lena Dittmeier

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 2

6. (b) Name of husband or wife late Julius Dittmeier

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 15th. (Month) (Day) 1877 (Year)

8. AGE: Years 66 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Iron Mountain, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Charles Geiger
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Catherine Dietz
15. Birthplace Philadelphia (City, town, or county) Pa. / (State or foreign country)

16. (a) Informant Oliver Ottensmeyer

(b) Address 1202 Madison St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) OCT 5 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd. year 1943 hour 8:30 PM. minute M.

21. I hereby certify that I attended the deceased from Sept 21st 9-21, 1943 to Oct 3rd, 1943 that I last saw her alive on Oct 3rd, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 10 days (13)

Due to Probable Arteriosclerosis.

Due to

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

Major findings:
Of operations 93d
Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. R. E. Graham M.D. (M. D. or other) MD

Address 2119 Hadley St Date signed 10/4/43

(Licensed Embalmer's Statement on Reverse Side)

Support 14

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis a

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.