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

FILED APR 20 1944 318

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 5734 Pamplin Pl.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELEANOR DILTHEY

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 Married

6. (b) Name of husband or wife Wilbert F. Dilthey 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased: April 5, 1917 1918
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1944 hour 10:25 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19 44 to April 4th, 19 44
that I last saw her alive on April 4th, 19 44
and that death occurred on the date and hour stated above.

8. AGE: Years 25 Months 11 Days 30 If less than one day _____ hr. _____ min.

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

10. Usual occupation: At home

Immediate cause of death Pulmonary tuberculosis
17

Due to _____

Due to _____

Other conditions lingual tuberculosis
(Include pregnancy within 3 months of death)

11. Industry or business: _____

12. (a) Name Daniel Diederich
MOTHER FATHER
Matson Mo.
(City, town, or county) (State or foreign country)

13. (a) Maiden name Clara Graichen
St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wilbert F. Dilthey
Address 5734 Pamplin Pl.

17. (a) Burial LAUREL HILL CEMETERY
(Burial, cremation, or removal) (b) Date thereof: 4/3/44
(Month) (Day) (Year)

(c) Place: burial or cremation LAUREL HILL CEMETERY

18. (a) Signature of funeral director Math Hermann & Son
2161 East Fair Ave
APR 7 1944
(Date received local registrar)

19. (a) J. F. Busch
(Registrar's signature)

Major findings:
Of operations _____

Of autopsy refused

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature 1515 Lafayette 4/4/44
Frank Seimberg Mo.
(M. D. or other)
Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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will not receive

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 *William G. Buehler*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis Mo*

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.

EX-103

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of St. Louis ss.

State File No. 12714-24
Local Registrar's No. 3237

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4 day of April, 1945 before me appears Edna Ditchey Meyer, who, upon his oath, states that the original record of ^{birth}~~death~~ for Eleanor Ditchey died ^{born}~~born~~ 4-4- 1944 in the State of Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 8 should read age 25 - 11 - mo 30 days

Instead of..... 26 " " " "

Item No. 7 should read Apr. 5 - 1918

ad of..... " " " " 1917

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Edna Ditchey Meyer Sister-in-law
Relationship.

8510 Mura Lane
Present Address.

Subscribed and sworn to before me this 4 day of May, 1945

My Commission expires 3-4-49
Geo O Jaddock Notary Public.

Attests contain measures be d, draw one line through error and write above it.

1917-5-1917
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