

FILED OCT 11 1947

1003

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter M. Ditch

3. (b) If veteran, name war no 3. (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 Mary Elizabeth Ditch 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased February 11 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Waterloo, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carmen R.R.

11. Industry or business St. Louis & Southwestern

12. Name George Ditch

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

14. Maiden name Unknown

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

16. (a) Informant William Ditch
(b) Address E. St. Louis, Ill.

17. (a) Removal (b) Date thereof 9-30-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director [Signature]

(b) Address E. St. Louis, Ill.

19. (a) OCT 2 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2210 Bond Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1947 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from July 3, 1947 to Sept 30, 1947
that I last saw him alive on Sept. 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Pt. side of brain) Duration 5 days

Due to Small Arterio sclerosis

Due to

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

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?

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

23. Signature Armand Leggett (M. D. or other) M.D.

Address 3720 Washington Blvd Date signed 10/2/47

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

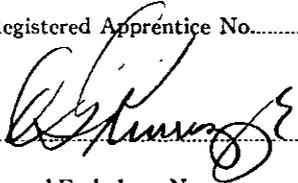
MOTHER FATHER

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.....


Licensed Embalmer No..... 3162.

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.