

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6011

State File No.

318

1003

1745

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>22-9</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>28 ST. LOUIS 0</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>				e. STREET ADDRESS (If rural, give location) <u>1923 CALIFORNIA</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u>		b. (Middle) _____		c. (Last) <u>DITTMAR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 19 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 29 1868</u>		
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME _____			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>CLARA DITTMAR (DECEASED)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>CLARA M. GRIMM</u> ADDRESS <u>1944 ADELAIDE</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bladder</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>181X</u>				
22. I hereby certify that I attended the deceased from <u>12-16-50</u> , 19____, to <u>2-19-51</u> , 19____, that I last saw the deceased alive on <u>2-19-51</u> , 19____, and that death occurred at <u>4:50 Pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>William W. Carter D.M.D.</u>				23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>2-20-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 23 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>		
DATE REC'D BY LOCAL REG. <u>FEB 22 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Katis 2906 Morris</u>				

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

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 _____

Student/Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Samuel C. Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

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.