

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34976

318

1003

State File No. 9650
Registrar's No.

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>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		d. STREET ADDRESS <u>1930 Switzer Ave.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. PACIFIC HOSPITAL</u>				e. (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sterling</u> b. (Middle) <u>Price</u> c. (Last) <u>Ditch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1951</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Oct 19, 1894</u>			
9. AGE (In years last birthday) <u>57</u>		10. MONTHS <u>0</u> DAYS <u>10</u>		IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>		IF UNDER 1 YEAR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAR MAN RAILROAD</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>G. M. F. O.</u>			11. BIRTHPLACE (State or foreign country) <u>FESTUS MO.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>STERLING P. PITCH</u>		13b. MOTHER'S MAIDEN NAME <u>MATILDA M. WILLIAMSON</u>		13c. NAME OF HUSBAND OR WIFE <u>GOLDA P. PITCH</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>709-10-8941</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GOLDA P. PITCH</u>				ADDRESS <u>1930 SWITZER, AV</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Several hours</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>						Several months			
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 type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H2O</u>					
22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>1947</u> , to <u>Oct.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>29 Oct.</u> , 19 <u>51</u> , and that death occurred at <u>11:20 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Benjamin N. Charles, Jr.</u> (Degree or title)				23b. ADDRESS <u>Mo. Pac. Hospital</u>		23c. DATE SIGNED <u>29 Oct. 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/31/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, CO. MO</u>			
DATE REC'D BY LOCAL REG. <u>NOV 1 1951</u>		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Buchholz-Kodler</u> ADDRESS <u>5967 W. Florissant Ave.</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 W. W. Wilkinson

Licensed Embalmer No. 3570

P. O. Address 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.