

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1954

State File No. 2719

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0525

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital				e. STREET ADDRESS (If rural, give location) 19 520 North Vandeventer Ave., 0							
3. NAME OF DECEASED (Type or Print) Mary			a. (First)		b. (Middle)		c. (Last) Ditterline				
4. DATE OF DEATH (Month) (Day) (Year) Jan 15, 1954			5. SEX Female			6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH Oct 14, 1869			9. AGE (In years last birthday) 84			IF UNDER 1 YEAR Months Days		IF UNDER 14 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home			11. BIRTHPLACE (City and State or Foreign Country) Polk County, Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Unavailable			13b. MOTHER'S MAIDEN NAME Unavailable			14. NAME OF HUSBAND OR WIFE Thomas Ditterline dec'd					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Minnie Stehr, Oran, Missouri			ADDRESS		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis</i>  ANTECEDENT CAUSES <i>Acute cholecystitis &amp; cholelithiasis 12/24</i> 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.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 584X					
22. I hereby certify that I attended the deceased from 1-8-1954 to 1-15-1954, that I last saw the deceased alive on 1-15-1954, and that death occurred at 7-10 P.M., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <i>Clifford E. Kane M.D.</i>					23b. ADDRESS 706 1/2 Walton					23c. DATE SIGNED 1-16-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE 1-16-54		24c. NAME OF CEMETERY OR CREMATORY Local			24d. LOCATION (City, town, or county) (State) Oran, Missouri			
DATE REC'D BY LOCAL REG. JAN 18 1954			REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington			ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed..... Paul A. Wach

Licensed Embalmer No..... 44

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.