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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24457

State File No. 24457
Registrar's No. 6985

FILED AUG 2 - 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois	
b. CITY OR TOWN BARNES HOSPITAL		b. COUNTY Shelby	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Tower Hill	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Harry		July 27, 1954	
b. (Middle) Monroe			
c. (Last) Ditzler			
5. SEX Male		8. DATE OF BIRTH Mar. 9, 1907	
6. COLOR OR RACE White		9. AGE (In years last birthday) 47	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		IF UNDER 1 YEAR Months	
		IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		11. BIRTHPLACE (City and State or Foreign Country) Shelby County, Illinois	
10b. KIND OF BUSINESS OR INDUSTRY Coal Mines		12. CITIZEN OF WHAT COUNTRY U.S.A.	

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13a. FATHER'S NAME Sam Ditzler		13b. MOTHER'S MAIDEN NAME Allie Largent		14. NAME OF HUSBAND OR WIFE Mae Ditzler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY No. Nil.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mae Ditzler Tower Hill, Illinois	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, left cerebral artery		INTERVAL BETWEEN ONSET AND DEATH 16 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Monocytic leukemia, acute		4. mos.	
		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?	

22. I hereby certify that I attended the deceased from July 19, 1954, to July 27, 1954, that I last saw the deceased alive on July 27, 1954, and that death occurred at 4:55A m., from the causes and on the date stated above. 2042

23a. SIGNATURE H. P. ... M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 7/27/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-27-54		24c. NAME OF CEMETERY OR CREMATORY Tower Hill Cemetery	
24d. LOCATION (City, town, or county) Shelby County, Illinois		24e. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		24f. ADDRESS 4700 Wash	
DATE REC'D BY LOCAL REG. JUL 28 1954		REGISTRAR'S SIGNATURE Carl Smith MO			

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 *E. Conroy*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.