

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38157**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **9879**

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 town) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5010 Tennessee Ave.		e. STREET ADDRESS (If rural, give location) 15 5010 Tennessee Ave.			
3. NAME OF DECEASED (Type or Print) ADOLPH		a. (First)		b. (Middle)	
c. (Last) DETTMER JR.		4. DATE OF DEATH		5. (Month) (Day) (Year) II-10-55	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH I-18-1868		9. AGE (In years last birthday) 87		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Adolph Dittmer Sr.		13b. MOTHER'S MAIDEN NAME Lizzie Arnoldain	
14. NAME OF HUSBAND OR WIFE Julia Dettmer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Edna Antrainer		ADDRESS Flat River, Mo.			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular disease			INTERVAL BETWEEN ONSET AND DEATH unknown
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arterio-sclerosis			unknown
		DUE TO (c) arterio-sclerotic gangrene of feet.			before July 1953
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)		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 8, 1955 , to Nov. 10, 1955 , that I last saw the deceased alive on Nov. 10, 1955 , and that death occurred at 5 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE Geo. H. Mathae M.D.		(Degree or title)		23b. ADDRESS 3167 S. Grand Blvd.	
23c. DATE SIGNED 11/12/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE II-II-55	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Flat River, Mo.			
DATE REC'D BY LOCAL REG. NOV 14 1955		REGISTRAR'S SIGNATURE J. Caldwell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Caldwell, Flat River, 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.....
Ronald W. Embalmer

Licensed Embalmer No.....
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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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.