

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11991**  
Registrar's No. **11414**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11414</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		c. LENGTH OF STAY (In this place) <b>19 yrs</b>		c. CITY OR TOWN <b>St Louis</b>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6832 Salzburger</b>				e. STREET ADDRESS (If rural, give location) <b>6832 Salzburger</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>		b. (Middle) _____		c. (Last) <b>Dittrich</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 24, 1955</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Sept 12, 1890</b>			
9. AGE (In years last birthday) <b>65</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>bartender</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Czechoslovakia</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>Czechoslovakia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Frank Dittrich</b>		13b. MOTHER'S MAIDEN NAME <b>Philomena Miklas</b>			
13c. NAME OF HUSBAND OR WIFE <b>Mary Dittrich</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Dittrich</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-07-2395</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Mary Dittrich</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Dittrich</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Dittrich</b>		ADDRESS <b>6832 Salzburger</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral artery sclerosis with cerebral thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>General hours</b>	
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.				<b>Generalized arterio sclerosis</b>					
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>332x-334x</b>						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) <b>with Dr RV Powell</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>332x-334x</b>					
22. I hereby certify that I attended the deceased from <b>Jan 1955</b> to <b>Dec 24, 1955</b> , that I last saw the deceased alive on <b>Dec 20, 1955</b> and that death occurred at <b>11:00 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Deceased or title) <b>Joseph E. Don Kaelen M.D.</b>				23b. ADDRESS <b>634 N. Grand</b>		23c. DATE SIGNED <b>12-27-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/28/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>			
DATE REC'D BY LOCAL REG. <b>DEC 28 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J L Ziegenhein &amp; Sons 7027 Gravois</b>					

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

APR 25 1960

**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. P. Kudrueff*.....  
Licensed Embalmer No.....

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.