No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4829

Registration District No. 791 1

Primary Registration District No. 1003

Registrar's No. 1077

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1 day

2. USUAL RESIDENCE OF DECEASED: 95

(a) State Missouri (b) County Ste. Genevie

(c) City or town Ste. Genevieve N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) How long in city or town? [illegible] years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1
year 1941 hour 8:10 P. M. minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General Peritonitis	
Due to: Retained placenta	
Due to: Childbirth	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? Means of injury

23. Signature Alfred Geary (M. D. or other)
Address Desloge, Mo. Date signed 2/3/41

3. (a) PRINT FULL NAME Margaret Ditch

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Andrew Ditch

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased July 1 (Month), 1904 (Day) (Year)

8. AGE: Years 36 | Months 7 | Days 0 | If less than one day hr. min.

9. Birthplace Ste Genevieve Co., (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Fridalin Bayer

13. Birthplace Kinsey Missouri (City, town, or county) O (State or foreign country)

14. Maiden name Elizabeth Seawald

15. Birthplace French Village Missouri (City, town, or county) O (State or foreign country)

16. (a) Informant Andrew Ditch

(b) Address Ste. Genevieve, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/41 (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director Louis H. Bogartus

(b) Address 131 W. Argonne Dr Kirkwood Mo

19. (a) FEB 3 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Julius M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, 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, above space should be left blank.