JUN 4 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14753

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170 — File No.

Township — Primary Registration District No. 6248H — Registered No. 99

City Richmond Heights (No. St. Mary's Hospital. St. Ward)

2. FULL NAME Gustav Ladowsky

(a) Residence. No. 735a Shenandoah Ave. St. Ward. St Louis, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ollie Ladowsky

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June. 3nd. 1887.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
40	10	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

PARENTS

10. NAME OF FATHER Paul Ladowsky

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Heman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Belleville (STATE OR COUNTRY) Illinois

14. INFORMANT Mrs Ollie Ladowsky (Address) 735a Shenandoah Ave.

15. FILED 4/23, 1928 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April, 22nd. 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1928, to Apr 22, 1928 that I last saw him alive on Apr 21, 1928, and that death occurred, on the date stated above, at 9.15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Stenosis.
Aortic dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) acute Hepatitis
Ch - nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 735a Shenandoah

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) H B DeRew, M.D.

Apr 23, 1928 (Address) 4446 S Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus, Cemetery. — DATE OF BURIAL Apr. 25 - 1928

20. UNDERTAKER Wacker-Helderle — ADDRESS 2331 S. Broadway

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1446 S. Grand

Grand 7362