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

Do not use this space.

34570

File No. 8729

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 11 [illegible]

City St. Louis Alfred (No. Jewish Hosp St. ..... Ward)

2. FULL NAME Charles Ladt

(a) Residence, No. 1405 Montclair St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frieda Ladt.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 13, 1883

7. AGE: YEARS 50 | MONTHS 6 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintainence
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Community Bldg
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Nathan Ladt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER

15. MAIDEN NAME: Estelle Blume
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Frieda Ladt 1405 Montclair

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Chesed Shel Emeth DATE: 10/8 1933

19. UNDERTAKER (ADDRESS): H B Berger 4715 McPherson

20. FILED: OCT 8 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1933, to 10-7, 1933

I last saw h. 1m alive on 10-7, 1933. Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Liver abscess, non-specific	5 mos
125B	
110B	

125B

Other contributory causes of importance:
Pneumothorax, artificial right

Name of operation: Drainage of Liver abscess. Date of 8-22-33 9-13-33 9-16-33

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Carl Heifetz M. D.
(Address) Jewish Hospital

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.

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