

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.

FEB 24 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis County

Registration District No. 789

File No. 2815

Township Central

Primary Registration District No. 6033

Registered No. 15

City

(No. St. Vincent's Sanitarium)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Gallus Ladenburg

(a) Residence, No. St. Vincent Sanitarium Ward.

(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
-----------------------	----------------------------------	--

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1861

7. AGE YEARS <b>75</b>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>	IF LESS than 1 day, hrs. or min.
---------------------------	--------------------------	------------------------	----------------------------------

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker & Bartender

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

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

MOTHER / FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Sister Mary Irene, Sec'y  
(ADDRESS) St. Vincent's Sanitarium

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary DATE Jan 11 1936

19. UNDERTAKER Cullen + Kelly  
(ADDRESS) 1416 N. 7th St. Ave

20. FILED 1-10- 1936 Edw. Backman  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1930, to Jan 10, 1936  
I last saw him alive on Jan 10, 1936 Death is said to have occurred on the date stated above, at 12:15 am.  
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia  
myocarditis

Date of onset 1/3/36

Other contributory causes of importance:  
all age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) W. B. Lyman M. D.  
(Address) St. Vincent's Sanitarium

