No. 2
4-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 576

Registration District No. 1911 FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 576

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: 1219a Missouri Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2217
(If outside city or town limits, write "RURAL")

(d) Street No. 1219a Missouri Aveneue 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY J. LADEWIG

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife CHARLES

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

7. Birth date of deceased March 19 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	9	28	hr. min.

9. Birthplace Philadelphia, Pa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home Germany

FATHER
12. Name Unknown
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Hernick
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Boyer
(b) Address 1741 Missouri Avenue

17. (a) Burial (b) Date thereof Jan 20 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director A W McLaughlin
(b) Address 2301 Lafayette Avenue X44

19. (a) JAN 19 1941 (b) J. F. Boedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1941 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Jan 11, 1941 to Jan 16, 1941;
that I last saw her alive on Jan 16, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	5 day
Due to	
Due to	
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? (e) Means of injury

23. Signature N. M. Freund (M. D. or other)
Address 3115 S Grand Date signed 1/17/41

(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 Paul A. Keith

Licensed Embalmer No. 3662

P. O. Address 2317 Lafayet

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.