No. 2
-1-4-41
-17-39
X28390

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. 39491

FILED DEC 1 1941
Registration District No. 1

Primary Registration District No. 201

Registrar's No. 2372

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 11/20/41 (Specify whether years, months or days)
In this community unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 1424 South Compton Avenue
(If rural, give location)
(e) Citizen of foreign country? – (Yes or No)
If yes, name country –

3. (a) PRINT FULL NAME: Robert L. Ladenberger
3. (b) If veteran, name war: Peace Time
3. (c) Social Security No.: Yes - not remembered.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mildred
6. (c) Age of husband or wife if alive: 27 years
7. Birth date of deceased: August (Month) 4, (Day) 1913 (Year)
8. AGE: Years 28 Months 3 Days 17 If less than one day ___ hr. ___ min.
9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: –
FATHER 12. Name: Unavailable
FATHER 13. Birthplace: Unavailable (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unavailable
MOTHER 15. Birthplace: Unavailable (City, town, or county) (State or foreign country)
16. (a) Informant: M. Schulley
(b) Address: Clinical Clerk, USAF, Jeff. Bks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 26-41 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cem.
18. (a) Signature of funeral director: [illegible]
(b) Address: 7814 S. [illegible]
19. (a) NOV 25 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st, year 1941 hour 11:25 minute p. M.
21. I hereby certify that I attended the deceased from November 20, 1941 to November 21, 1941 that I last saw him alive on November 21, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, chronic, active, far advanced.	
Due to (5).	Unknown
Due to –	
Other conditions: None. (Include pregnancy within 3 months of death)	

Major findings: Of operations: No operation.
Of autopsy: Autopsy not granted.

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): no
(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: L. M. COCHRAN, M.D. (M. D. or other)
Address: Chief Medical Officer Date signed: 11/22/41

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 8 1964

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 Harry J Schum

Licensed Embalmer No. 2679

P. O. Address 232 Lem

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.