V. S. No. 2
50M—1-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 523

Registration District No. 791 — 1005

Primary Registration District No.

Registrar's No. 10080

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

000 17 9

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: 7608 Idaho (If not in hospital or institution, write street number or location)

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

In this community 17

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9

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

(d) Street No. 7608 Idaho (If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)

If yes, name country Germany

3. (a) PRINT FULL NAME Johanna Ladage

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Fredrich

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

7. Birth date of deceased May (Month) 30 (Day) 1865 (Year)

8. AGE: Years 76 Months 6 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation house wife

11. Industry or business at home

MOTHER FATHER

12. Name unknown Kaut

13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER

14. Maiden name Unknown

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant

(b) Address

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof Dec. 20-41 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) DEC 20 1941 (Date received local registrar) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 17 day 41 year hour 2 P.M. minute M.

21. I hereby certify that I attended the deceased from Dec 16 1941 to Dec 17 1941 that I last saw him alive on Dec. 17 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 W. M. Kinner (M. D. or other) 12/17/41

Address 3014 S. Jefferson Date signed Dec 17 1941

(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 Alvey E. Fendler

Licensed Embalmer No. 4148

P. O. Address Lemay, Mo.

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

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