

S. No. 2
I-1-4-41
7-5-17-39
V1 X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8840
State File No. 3285
Registrar's No.

FILED APR 20 1942

Registration District No. Primary Registration District No. 1003

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

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:
4723 Bessie Court
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community all of life
years, months or days)

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. 4723 Bessie Court.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilbur Gustave Lademacher
(b) If veteran, name war None
(c) Social Security No. 493-03-8048

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10th
year 1942 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to April 10 1942
that I last saw him alive on Apr 10th 1942
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ethel Sandt
(c) Age of husband or wife if alive 34 years

Immediate cause of death _____
Lobar Pneumonia
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

7. Birth date of deceased Aug. 29 1910
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
31 7 11 hr. min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Dress Cutter

11. Industry or business Sorority House
12. Name Gustave Lademacher
13. Birthplace New Haven Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ada Jeter
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Lademacher.
(b) Address 4723 Bessie Ct.
17. (a) Burial (b) Date thereof 4/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)
Calvary Cemetery
(c) Place: burial or cremation

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Albert J. Motel (M.D. or other)
Address 2719 No Grand Bl Date signed 4-10-42

18. (a) Signature of funeral director M. J. ...
(b) Address 2117 E. Grand Bldg.
19. (a) ADD 13 (b) J. F. Prebeck
(Date received local registrar) (Registrar's signature)

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 Frank A. Dwyer

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.