

FILED FEB 2 1943  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 747

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

1. PLACE OF DEATH:

(a) County. \_\_\_\_\_

(b) City or town. SAINT LOUIS:  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Pronounced dead at City Hospital #1.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether

In this community. LIFE  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. 000  
179  
919

(c) City or town. SAINT LOUIS:  
(If outside city or town limits, write "RURAL.")

(d) Street No. 4429 WESTMINSTER PLACE  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES POMEROY LADD

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 498-09-1872

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th  
year 1943 hour 9:30 minute A. M.

4. Sex MALE 5. Color or face WHITE 6. (a) Single, widowed, married, divorced. WIDOWED

6. (b) Name of husband or wife. ALICE BEMIS LADD 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased. MARCH 15 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>10</u>	<u>9</u>	_____ hr. _____ min.

Immediate cause of death. Coronary Sclerosis  
Arteriosclerosis

Due to \_\_\_\_\_

Due to 94

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation. SALESMAN (WHOLESALE)

11. Industry or business. INTERNATIONAL SHOE CO.

Major findings: \_\_\_\_\_

Of operations. \_\_\_\_\_

Of autopsy. \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name. CHAUNCEY LADD

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

14. Maiden name. SUSAN H. POMEROY

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

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? \_\_\_\_\_

16. (a) Informant. CHAUNCEY B. LADD

(b) Address. 4429 WESTMINSTER PLACE

17. (a) BURIAL (b) Date thereof. I/26/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. BELLEFONTAINE CEM

18. (a) Signature of funeral director. C. R. LUPTON & SONS

(b) Address. 7233 DELMAR BLVD

19. (a) JAN 25 1943 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature. W. J. Gentry (M. D. or other)  
Address. W. J. Gentry Date signed 1/25/43

MAY 20 1943

*Embalmer's separate Certificate filed* JAN 25 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**