

FILED MAR 20 1946 STANDARD CERTIFICATE OF DEATH

11342

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2424

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
Street No. 114a N. Broadway
(If rural, give location) 25
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES LADISH

3. (b) If veteran, name war Unknown
3. (c) Social Security No. 489-10-8193

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased February 6 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 1 4 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Crumden-Martin Mfg. Co.

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant John P. Cullinane

(b) Address Public Administrator

17. (a) Burial (b) Date thereof 3-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 12 1946 (b) J. F. Bieleck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1946 hour 11:25 minute _____ P M.

21. I hereby certify that I attended the deceased from 3/2/46
_____, 19____, to 3/10/46, 19____;
that I last saw him alive on 3/10/46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Myeloma

Duration

? Mos.

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? _____

While at work? _____ (Specify place)

Means of injury _____

23. Signature John P. Cullinane 3/14/46
(Date signed)

Address _____ Date signed _____

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

MOTHER FATHER

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 *Henry Brammer*

Licensed Embalmer No. *4200*

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.