S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28820

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7141

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:
Missouri Baptist Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 2750 Ellendale Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME DONALEE SUE LADD

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 Child

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. 26, 1945 (Month) (Day) (Year)

8. AGE: Years 0 Months 9 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Thomas Ladd
13. Birthplace Butler Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ethel Cochran
15. Birthplace Butler Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Ethel Ladd
(b) Address 2750 Ellendale Ave. St. Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill, Kirkwood, Mo.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) AUG 17 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16. year 1946. hour 1:45 a.m. M.

21. I hereby certify that I attended the deceased from August 10, 1946 to August 16, 1946 that I last saw he alive on August 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hyperthermia

Due to Internal Hydrocephalus.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Dilated ventricles.

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

23. Signature Dr. Mario Michel (M.D. or other)
Address 4952 Maryland Signed 8/16/46
Mario Michel

(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 3427

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gelson

Licensed Embalmer No. 3427

P. O. Address 7486 Manchest

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.