No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6618

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2333

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital (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 Mo (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3182 Portis (If rural, give location) 9

(e) Citizen of foreign country? ..... (Yes or No) 16

If yes, name country .....

3. (a) PRINT FULL NAME Lelah Ladewig

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased Dec (Month) 5 (Day) 1884 (Year)

8. AGE: Years 63 Months 3 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Butler (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Frederick Luddete 4
13. Birthplace Germany (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Not Known 1
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs H H Hillenkoetter

(b) Address 605 Clara

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/48 (Month) (Day) (Year)

(c) Place: burial or cremation Butler, Ill.

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) MAR 8 1948 (Date received local registrar) (b) J F Brasack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1948 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Jan 2nd 1947 to March 8 1948 that I last saw her alive on March 8th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the breast — Duration Breast Years

Due to 50

Due to .....

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

Major findings: Of operations Carcinoma of the breast

Of autopsy .....

PHYSICIAN — Underline the cause of 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 Arnold G. Klein M. D. or other

Address 2632 S. Kingshighway Date signed 3/8/48

Jefferson City Printing Co. (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 Frank I. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis 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.