

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38951

318

1003

Registrar's No. 9852

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis						
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bethesda General Hospital				d. STREET ADDRESS (If rural, give location) 4459 Forest Blvd.						
3. NAME OF DECEASED (Type or Print)			a. (First) Edith		b. (Middle)		c. (Last) Ladd			
					4. DATE OF DEATH Nov. 14, 1949		(Month) (Day) (Year)			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH April 13, 1879		9. AGE (In years last birthday) 70		
								IF UNDER 1 YEAR Months Days		
								IF UNDER 1 WEEK Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. D		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Henry A. Schmidt			13b. MOTHER'S MAIDEN NAME Carolina Loeloff			14. NAME OF HUSBAND OR WIFE Horace Ladd				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-07-8373		17. INFORMANT'S SIGNATURE OR NAME Miss Josephine Schmidt, 4459 Forest Park					ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Embolism</i>						INTERVAL BETWEEN ONSET AND DEATH 30 min.		
		ANTECEDENT CAUSES DUE TO (b) <i>Cerebral Hemorrhage</i> DUE TO (c) <i>Hypertension, Arteriosclerosis</i>								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						5 yrs.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) 102		(COUNTY)		(STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by						
22. I hereby certify that I attended the deceased from 3 Oct, 1949, to 11-14, 1949 that I last saw the deceased alive on 11-14, 1949, and that death occurred at 2 m., from the causes and on the date stated above.										
23a. SIGNATURE <i>Marion D. Bishop</i>				23b. ADDRESS Bethesda Hosp St. Louis, Mo.				23c. DATE SIGNED 11-14-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Nov. 16, 1949		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) St. Louis, Mo.		(State)		
DATE REC'D BY LOCAL OFFICE NOV 15 1949		REGISTRAR'S SIGNATURE J. B. Lancaster			FUNERAL DIRECTOR'S SIGNATURE Arthur D. Howell			ADDRESS 3840 Lindell Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 20 1950

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Thomas R. Fenwick*

Signed.....

Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.