

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10319

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2535**

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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 5 Weeks		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		STREET ADDRESS (If rural, give location) 1807 Oregon Avenue	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) MARTHA	b. (Middle) ANNA	c. (Last) LADEWIG	March 15, 1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH March 15, 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME William Sauerbruch	13b. MOTHER'S MAIDEN NAME Louise A. Rau	14. NAME OF HUSBAND OR WIFE Chas. Ladewig
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Ladewig 1807 Oregon Avenue

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma of Rt. ovary		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 2-9-51	19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction - Carcinoma Rt. ovary		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 175X	

22. I hereby certify that I attended the deceased from **2-7**, 1951, to **3-16**, 1951, that I last saw the deceased alive on **3-16**, 1951, and that death occurred at **4:55 p.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Charles J. Nelms M.D.	23b. ADDRESS 3903 Olive St. Louis 81 Mo.	23c. DATE SIGNED 3/17/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-20-51	24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) (State) St. Louis Missouri		

DATE REC'D BY LOCAL REG. MAR 19 1951	REGISTRAR'S SIGNATURE J.B. Sasser	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin 2301 Lafayette Avenue
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. E. J. Helbing
3905 Olive Street

Wm
2535

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 _____

working under my personal supervision.

Student Embalmer No.

Signed: _____

H. G. Francis

Signed.....

Student Embalmer

Licensed Embalmer No. 3384

P. O. Address *H. G. Francis*

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.