

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.

Frank J. Deland Sr.

Signed _____

Licensed Embalmer No. *9675*

P. O. Address *St. Louis*

Student

Student Embalmer

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 33199
Local Registrar's No. 8627

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____

_____ who, upon _____ oath, states that the original record of birth death
for Harry Ladowsky died 9-14-52, 19____, in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 7 should read Widowed
Instead of _____ Single X

Item No. 16 should read 500-12-3606

Item No. 14 should read Laura (Hoerber) Ladowsky

Item No. _____ should read _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wacker + Keldelle Fun. Dir
Ev. S. J. Roman, Relationship.
3634 Gravois
Present Address.

Subscribed and sworn to before me this 20 day of Oct., 19452

My Commission expires 3-4-53 Edward J. Adelson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Sup - 33144