

STANDARD CERTIFICATE OF DEATH

26607

39319  
FILED JUL 31 1953

State File No. \_\_\_\_\_  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6269

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Beth Memorial Hosp</i>		d. STREET ADDRESS (If rural, give location) <i>24 3740 Manning Ave.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Melinda</i> b. (Middle) <i>Kim</i> c. (Last) <i>Ladman</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>6-19-53</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="radio"/>	8. DATE OF BIRTH <i>6-11-53</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>8</i> IF UNDER 1 YEAR Months <i>8</i> IF UNDER 12 HRS. Days <i>14</i> Min. <i>35</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo.</i>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME	
13b. MOTHER'S M.A.D.E.N NAME <i>Opal Rae Ladman</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Opal Rae Ladman</i>		17. ADDRESS <i>3740 Manning Ave</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prematurity</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pulmonary Infection</i>		<i>3</i>	
DUE TO (c) <i>Diarrhea - cause?</i>		<i>2 days</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) (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? <i>7645</i>	
22. I hereby certify that I attended the deceased from <i>6-11</i> , 1953, to <i>6-19</i> , 1953, that I last saw the deceased alive on <i>6-18</i> , 1953, and that death occurred at <i>12:40 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>William T. Knott M.D.</i>		23b. ADDRESS <i>3805 20 Broadway</i>	23c. DATE SIGNED <i>6-19-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>6-30-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
DATE REC'D BY LOCAL REG. <i>JUN 23 1953</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	SENECA DIRECTOR'S SIGNATURE <i>Rowland Mortuary Service</i>	ADDRESS <i>4104 Manchester Ave.</i>

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.**