

FILED NOV 29 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 39252

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 9616

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4075	
c. LENGTH OF STAY (In this place) 17 Months		d. STREET ADDRESS (If rural, give location) 1007 Curran Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Moll Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) ROSE		b. (Middle) LaDEW		c. (Last) LaDEW		4. DATE OF DEATH (Month) (Day) (Year) Nov. 7 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <del>Married</del>		8. DATE OF BIRTH Nov. 21, 1863	
9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
10a.		11.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Unknown Schmidt		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE <del>Unknown</del>	
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Edward LaDew 1007 Curran-Kirkwood	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Cor Pulmonale</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic myocarditis</i>		<i>2 yrs</i>	
		DUE TO (c) <i>Smoking</i>		<i>2 yrs</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 <i>4222</i>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *6-15*, 19*55*, to *11/7*, 19*55*, that I last saw the deceased alive on *11/5*, 19*55*, and that death occurred at *12:00 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. H. Shesli</i>		23b. ADDRESS <i>Kirkwood 22 Mo</i>		23c. DATE SIGNED <i>11/7/55</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 9, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
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DATE REC'D BY LOCAL REG. 11-8-55		REGISTRAR'S SIGNATURE <i>Herbert R. Doublet</i>		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshausen 4228 S. Kingshighway Bl.		ADDRESS	
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24 (Licensed Embalmer's Statement on Reverse Side)

*Le Damm*

**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 *William B White*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4241*

P. O. Address *422 Delaware St*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.