

FILED DEC 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. **13351**
Registrar's No. **11404**

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. 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** c. LENGTH OF STAY (in this place) **44 yrs.**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **5651 Highland** 96 STREET ADDRESS (If rural, give location) **5651 Highland Avenue**

3. NAME OF DECEASED a. (First) **Mollie** b. (Middle) _____ c. (Last) **Knottnerus** 4. DATE OF DEATH (Month) (Day) (Year) **Dec. 11, 1956**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Oct. 3, 1912** 9. AGE (In years last birthday) **44** IF UNDER 1 YEAR Months _____ Days _____ IF OVER 1 YEAR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Louis Ladinsky** 13b. MOTHER'S MAIDEN NAME **Beckie Ladinsky** 14. NAME OF HUSBAND OR WIFE **George A.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Geo. A. Knottnerus 5651 Highland**

18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **(a) Carcinoma of breast with metastases 2 yrs.**
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) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **170x**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Nov 1, 1956**, to **Dec 11, 1956**, that I last saw the deceased alive on **Dec 10, 1956**, and that death occurred at **6:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Murray Chusky M.D.** 23b. ADDRESS **3734 Jennings Rd.** 23c. DATE SIGNED **12/11/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **12/13/1956** 24c. NAME OF CEMETERY OR CREMATORY **Chesed Shel Emeth** 24d. LOCATION (City, town, or county) (State) **University City, Mo.**

DATE REC'D BY LOCAL REG. **DEC 12 1956** REGISTRAR'S SIGNATURE **Charles Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Berger Memorial 4715 McPherson Ave.**

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

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..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 3988

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.