

FILED JUN 20 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar **5462**

| | | | | | |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Edwardsville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital | | Length of stay in lb 3 weeks | d. STREET ADDRESS 217 Myrtle | | (If outside, give location) Reside on Fa Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Edward Middle Joseph Last Ladd | | | 4. DATE OF DEATH Month June Day 10 Year 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 8, 1887 | 9. AGE (In years last birthday) 69 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Contractor | | 10b. KIND OF BUSINESS OR INDUSTRY Masonry | 11. BIRTHPLACE (City and state or country) Edwardsville, Ill. | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13. FATHER'S NAME Frank Hlad | | | 14. MOTHER'S MAIDEN NAME Anna Slapak | | |
| 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. 316-28-9342 | 17. INFORMANT Address Frieda Ladd, Edwardsville, Ill. | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | 7 days |
| DUE TO (b) Decadent Fungula + Pancreatitis | | | | | 8 weeks |
| DUE TO (c) Postoperative Peritonitis | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | | |
| 21. I attended the deceased from 5-25-57 to 6-10-57 and last saw him alive on 6-10-57 Death occurred at 3:35 pm m on the date stated above; and to the best of my knowledge, from the causes stated | | | | | |
| 22a. SIGNATURE (Degree or title) Eugene T. Doughty, M.D. | | | 22b. ADDRESS University Club Bldg. | | 22c. DATE SIGNED 6-11-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 6-10-57 | 23c. NAME OF CEMETERY OR CREMATORY Local | | 23d. LOCATION (City, town, or county) (State) Edwardsville, Ill. | |
| 24. FUNERAL DIRECTOR Weber Funeral Home, Edwardsville, Ill. | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. JUN 11 1957 | 26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
Eugene Thomas Doughty M.D.

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

300
1-56

No. 316-28-2372 : Frieda Ladd, Edwarsville, Ill.
 Frank Head Retired Contractor
 White Male
 Dec. 8, 1931 69
 Joseph Edward
 June 10, 1931
 Edwarsville, Ill. U.S.A.
 Anna Slabak

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

Edwarsville, Ill.