

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003733

STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 162

300
-57

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, give TOWNSHIP only) OR TOWN CLAYTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KIRKWOOD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CO. HOSP. 8HUS.		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 311 MEACHAM ST.	
3. NAME OF DECEASED (Type or print) First William Middle Ladell Last Ladell			4. DATE OF DEATH Month 1 Day 10 Year 1959		
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWER <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH NOV. 17, 1914		9. AGE (In years last birthday) 44		10. IF UNDER 1 YEAR Months 1 Days 23 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY unk.		11. BIRTHPLACE (City and state or country) ST. LOUIS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FRANK LADELL		13b. MOTHER'S MAIDEN NAME LILLIAN HOLLAND	
14. NAME OF HUSBAND OR WIFE VINNIE LADELL		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. 244 26 9873	
17. INFORMANT FLOYD HAMPTON		Address 311 MEACHAM ST.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemopericardium DUE TO (b) Dissecting Aortic Aneurysm DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 451X	
19. INTERVAL BETWEEN ONSET AND DEATH 1/10/59 2:24 P.M. 1/10/59 9:15 P.M.		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 Month, Day, Year a.m. 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 CLAYTON		COUNTY CLAYTON		STATE MO.	
21. I attended the deceased from 1-10-1959 to 1-10-1959 and last saw her alive on 1-10-1959 Death occurred at 9:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Angelo A. Speno M.D.		22b. ADDRESS 601 S. Brentwood, Clayton	
22c. DATE SIGNED 1/11/59		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN 17 59	
23c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON CEM.		23d. LOCATION (City, town, or county) CRESTWOOD		(State) MO.	
24. FUNERAL DIRECTOR JOHN W. HEMPHILL		ADDRESS 408 S. FILLMORE		25. DATE RECD. BY LOCAL REG. 1-17-59	
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.		27. (Licensed Embalmer's Statement on Reverse Side)		28. (Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

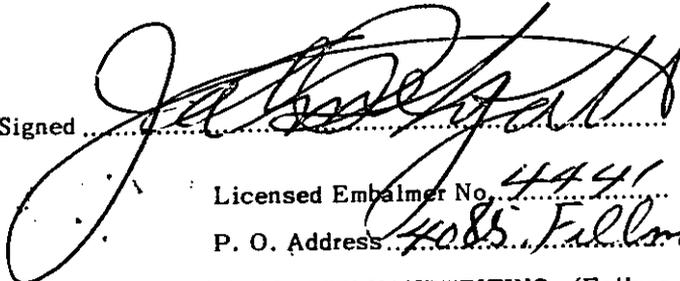
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. 4441

P. O. Address 4085 Fullm

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.