

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

8322

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Registration District No. 1008

City St. Louis (No. City of St. Louis)

File No.

Registered No. 1974

St. Ward)

2. FULL NAME

(a) Residence, No. 3140 a Easton St. (Usual place of abode) St. Louis Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY That I attended deceased from Jan 6 to Jan 8 1929 that I last saw h. alive on Jan 8 1929 and that death occurred, on the date stated above, at 1030 St. Louis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13 - 1875

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 53 10 76

Bilateral Bronchopneumonia
Spastic Hemiplegia right
due to cause unknown.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)

CONTRIBUTORY (SECONDARY) 1750 8111 1028

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

10. NAME OF FATHER

Thomas Ladd

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

20. WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER

unknown

WHAT TEST CONFIRMED DIAGNOSIS?

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

(Signed) R. S. Berry M. D.
Jan 9, 1929 (Address) City of St. Louis

14. INFORMANT (Address)

Dr. R. S. Berry

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED

Jan 11 1929

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Matthews Cemetery DATE OF BURIAL Jan 12 1929

20. UNDERTAKER

Keen & Dickman ADDRESS 3039 Easton

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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REGISTRAR

Karp.