

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

745766 0030599
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Jewish Hospt.

Length of stay in 1b

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Wellston

d. STREET ADDRESS (If outside, give location)
1532 Wellston Pl.

Inside Limits
Yes ☒ No ☐

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Edgar Middle H Last Ladendecker

4. DATE OF DEATH July 17 1966

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1/26/11

9. AGE (last birthday)
55

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Mill Wright

10b. KIND OF BUSINESS OR INDUSTRY
Wagner Elect. Co.

11. BIRTHPLACE (City and state or country)
Ill.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

UNK Ladendecker

13b. MOTHER'S MAIDEN NAME

Mary Unk

14. NAME OF HUSBAND OR WIFE

Frankie M Ladendecker

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. 490 03 2519
17. INFORMANT Address Pl. Frankie M Ladendecker 1532 Wellston

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Polymyositis

INTERVAL BETWEEN ONSET AND DEATH
6 weeks

DUE TO (b)

undetermined

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pulmonary Edema

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
726.3

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 7/8/66 to 7/17/66 and last saw her him alive on 7/16/66
Death occurred at 7/17/66 8 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Phillip Ewin Kornat MD

22b. ADDRESS

4910 Forest Park

22c. DATE SIGNED

7/18/66

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-20-66

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cem.

23d. LOCATION (City, town, or county)

St. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS

J.W. Clark Funeral Home 7400 Page

25. DATE RECD. BY LOCAL REG.

JUL 18 1966

26. REGISTRAR'S SIGNATURE

Roan Smith, M.D.

Mr. Kornblatt
4910 Forest Park.
301-5045

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 VE Morris

Licensed Embalmer No. 3360

P. O. Address St. Louis, Mo

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.