

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

Do not use this space.

7331

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo.

Registration District No. 791
1003
Primary Registration District No.

File No.
Registered No. 2328
St. Ward)

2. FULL NAME Mae Belle Landes

(a) Residence No. 5206 Lillian St. 7 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female white Married

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

William Landes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-11-1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	48	9	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

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

10. NAME OF FATHER Marrian A. Gunn

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

12. MAIDEN NAME OF MOTHER Harriett E. Berry

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

14. INFORMANT William Landes
(Address) 5206 Lillian Ave.

15. FILED MAR 2 1928 Max B. Starkoff
19 28

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1928 to Feb. 28 1928 (that I last saw her alive on Feb. 28 1928, and that death occurred, on the date stated above, at 11:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

100% Lobar Pneumonia

(duration) yrs. mos. 8 da.
CONTRIBUTORY (SECONDARY) 100%

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed) Roland R. Menovich, M.D.

2/29 1928 (Address) 5330 Geraldine Ave

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Valhalla Cem. March 3 1928

20. UNDERTAKER ADDRESS Alexander & Sons 6175 Delmar

N. B.—Every item of information should be carefully supplied. AGE 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.

5330 *Syringia*