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

Do not use this space.
21925

1. PLACE OF DEATH
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis Mo (No. St Luke's Hosp St.) ..... Ward)
File No. ..... Registered No. 6057

2. FULL NAME Benedict Landauer
(a) Residence. No. ..... St., 12 Ward. Joplin Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. ..... da. How long in U.S., if of foreign birth? yrs. ..... mos. ..... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Benedict Landauer
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-29-1866
7. AGE — YEARS: 62 — MONTHS: 3 — DAYS: 29 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant
(c) Name of employer: General Publicity
9. BIRTHPLACE (CITY OR TOWN) Pittsburgh
(STATE OR COUNTRY) Penn.

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Barbara Hill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cincinnati (STATE OR COUNTRY) Ohio

14. INFORMANT: Mrs Benedict Landauer (Address) Joplin Mo.
15. FILED JUN 6 1928 Mary C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1928.
17. I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to June 5, 1928, that I last saw h. alive on June 6, 1928, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(a) Carcinoma of colon —
(b) ..... (duration) ..... yrs. 6 mos. ..... da.
CONTRIBUTORY (SECONDARY) General cachexia, Myocarditis, Chronic (duration) ..... yrs. ..... mos. ..... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Joplin —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 24 '28.
WAS THERE AN AUTOPSY? Colostomy —
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M B Colston, M. D
, 19 (Address) 3720 Washington 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: Joplin Mo. — DATE OF BURIAL: 6/6 1928
20. UNDERTAKER: Alexander Hearse Co — ADDRESS: 125 Illinois

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.

THIS IS A PERMANENT RECORD