

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

Do not use this space.

24454

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City St. Louis Mo. (No. ....) Sanitarium

File No. ....

Registered No. 6604.

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 2712 Geyer St. 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 yrs. - mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Mar 15 - 1867

7. AGE

YEARS

MONTHS

DA.

If LESS than 1 day, .... hrs. or .... min.

63

3

22

22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Collector

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

Unknown

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Missouri

10. NAME OF FATHER

Anton F. Landgraf

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER Elizabeth Branden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14. INFORMANT

(Address)

Mr. Summers

5300 Osage

15. FILED

JUL -9 1930

19

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

July 7th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1928, to July 7th, 1930 that I last saw him alive on July 7th, 1930, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis

930  
160 (duration) yrs 6 mos. ds.

CONTRIBUTORY (SECONDARY)

Senile Psychosis  
(duration) yrs mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W.R. Summers M. D.

July 1, 1930 (Address) 5300 Osage

\*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

S.S. Peter & Paul Cemetery

July 11 1930

20. UNDERTAKER

ADDRESS

Peltz Bros 3029 Lafayette Ave

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.

