

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

Do not use this space.

7723

1. PLACE OF DEATH

County
Township
City St. Louis (No. 5245 Sutherland)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 2085
St. Ward)

2. FULL NAME

(a) Residence. No. 5245 Sutherland St. 14 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If nonresident, give city or town and State)

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 Anna Landa

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16 - 1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>88</u>	<u>2</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wood Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 10 years
(c) Name of employer

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

10. NAME OF FATHER Joseph Landa

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Lillie Landa
(Address) 5245 Sutherland

15. FILED FEB 16 1931 Max C. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 29 1931 to Feb 13 1931 that I last saw him alive on Feb 13 1931 and that death occurred, on the date stated above, at 8:30 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 230
1213
Myocarditis + La Grippe
(duration) yrs. mos. 14 ds.
CONTRIBUTORY Chronic Bronchopneumonia
(SECONDARY)
Nephritis (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IS NOT AT PLACE OF DEATH. don't know
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) W. E. [Signature] M. D.

Feb. 16 1931 (Address) 3146 Montgomery Rd

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters DATE OF BURIAL Feb. 16 1931

20. UMBERTAKER Mr. B. Moydell ADDRESS 1926 Allen

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

3146 May 1961

12/1/11