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.

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

Do not use this space.

35917

File No. 35917

Registered No. 10435

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 10[illegible]

City St Louis Mo (No. Enroute to City Hosp St. ..... Ward)

2. FULL NAME Lola Landers

(a) Residence, No. 1327 Monroe St. St., 26 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 George Landers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 - 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	50	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

FATHER

13. NAME John Schleyel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

17. INFORMANT (ADDRESS) George Landers. 1327 Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE 10-15- 1931

19. UNDERTAKER (ADDRESS) Ky Leidner Und Co. 1417 N Market St.

20. FILED OCT 13 1931 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to Oct 11, 1931
I last saw her alive on Oct 10, 1931. Death is said to have occurred on the date stated above, at 11 45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
93C	

Other contributory causes of importance: 93C

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas Hamill, M. D.
(Address) 3223 Hebert St