

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

Do not use this space.

20648

1. PLACE OF DEATH

County St. Louis

Registration District No. 785

Township Bonhomme

Primary Registration District No. 3037

City Kirkwood Mo (No. 617)

St. Washington

File No. _____

Registered No. 123

St. _____ Ward _____

2. FULL NAME

Rosalie Landl

(a) Residence, No. 617 N. Washington St., _____ Ward. _____

Kirkwood Mo

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1834

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>97</u>	<u>6</u>	<u>0</u>	

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

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) Austria 3

13. NAME Andrew Lettner

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Nelle Muetzenfeld
617 N Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Cark Hill Cem DATE 6-29-1932

19. UNDERTAKER Louis H Bopp
Kirkwood Mo

20. FILED 6/26 1932 L E Sparr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25-1932

22. I HEREBY CERTIFY, That I attended deceased from May 7th 1932, to June 25th 1932

I last saw him alive on June 23rd 1932 Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic disease of heart 10 years
92
92 W
Other contributory causes of importance: Senile debility 10 years

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? Yes

If so, specify _____

(Signed) Henty D. Simpson M. D.

(Address) 12 S. Adams, Kirkwood

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 27 1932

