

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.

AUG 27 1932

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

Do not use this space.

23924

1. PLACE OF DEATH
 County St. Louis Registration District No. 785
 Township Southwestern Primary Registration District No. 6031
 City St. Louis, Mo. (No. Gravois & Kennerly Roads St. Ward)

2. FULL NAME Johanna Lanckenau
 (a) Residence, No. 3928 N. 21 St., _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Lanckenau</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30, 1859</u>			
7. AGE	YEARS <u>73</u>	MONTHS <u>1</u>	DAYS <u>22</u>
		If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
	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) _____ X		
		11. Total time (years) spent in this occupation _____ X	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Germany</u>			
MOTHER	13. NAME <u>Not known Paula</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Germany</u>		
	15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Germany</u>			
17. INFORMANT <u>Clsie Griot</u> (ADDRESS) <u>3928 N. 21 St.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Zion Cemetery</u> DATE <u>July 25, 1932</u>			
19. UNDERTAKER <u>W. S. Meyel & Sons</u> (ADDRESS) <u>3934 N. 20 St.</u>			
20. FILED <u>7/22</u> 19. <u>32</u> <u>L. E. Barnett</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20th 1932, to July 21st, 1932
 I last saw h. & alive on July 20, 1932. Death is said to have occurred on the date stated above, at 6 p. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
gvt's
at
 Other contributory causes of importance: Arteriosclerosis
Non-Furunculosis
Asthenia Schlesseri

Name of operation _____ Date of _____
 What test confirmed diagnosis Paralysis Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) W. S. Meyel, M. D.
 (Address) 3934 N. 20 St.

De 25. Juli
Der Herr
Bauamt