

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

Do not use this space.

25508

1. PLACE OF DEATH

County Buchanan  
Township Buchington  
City St. Joseph

Registration District No. 86  
Primary Registration District No. 5127  
(No. R.F.D. # 7)

File No. 66  
Registered No. 66  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Emil Lande

(a) Residence, No. R.F.D. # 7 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26, 19 32

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 26, 1932  
I last saw him alive on Aug 26, 1932. Death is said to have occurred on the date stated above, at 9:25 P.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6, 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 7 20

Carcinoma of Stomach Date of onset Jan 1832

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Grocer  
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) June 1932 11. Total time (years) spent in this occupation 20 yrs.

Other contributory causes of importance: 46B  
46C  
46D  
46E

12. BIRTHPLACE (CITY OR TOWN) Chicago (STATE OR COUNTRY) Ill. 2

MOTHER 13. NAME Joseph Lande

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Germany-Unknown (STATE OR COUNTRY) Germany

17. INFORMANT James E. Lande (ADDRESS) R.F.D. #7 St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St. Joseph Mo. DATE Aug. 29, 19 32

19. UNDERTAKER J.D. Sulzberger (ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED Aug 27 1932 J. J. Carothers Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chinip 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) E. B. Meadow, M. D.  
(Address) St. Joseph Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

