

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.

1. PLACE OF DEATH
 County St. Louis County Registration District No. 790
 Township Central Primary Registration District No. 6033E
 City Clayton (No. St. Louis Co. Hosp.) St. _____ Ward _____

2. FULL NAME Antone Landman
 (a) Residence, No. 101 Nellie, Luxemburg Ward _____
 (Usual place of abode)
 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.

34023
File No. _____
Registered No. 306
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 2 1

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) St. Louis, Mo.

MOTHER
 13. NAME Oscar Landmann
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
 15. MAIDEN NAME Elsie Haerner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER
 17. INFORMANT Oscar Landmann
 (ADDRESS) 101 Nellie, Luxemburg
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Trinity Ev. DATE Thurs 12 1934

19. UNDERTAKER P. Hoffmeister Wood L.P.
 (ADDRESS) 7814 1/2 Broadway

20. FILED 9/12 1934 1011 Central
 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12-1934

22. I HEREBY CERTIFY, That I attended deceased from 9-7-1934 to 9-12-1934
 I last saw him alive on 9-11-1934. Death is said to have occurred on the date stated above, at 2:30 A.
 The principal cause of death and related causes of importance were as follows:
Pneumonia, lobar
101
93D 108
 Date of onset 9-6-34

Other contributory causes of importance:
myocardial insufficiency
congestive

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) P. G. Buss, M. D.
 (Address) St. L. Co. Hosp.

