

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.

NOV 9 1935

34634

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis, Mo.** (No. **Lutheran Hospital**) ..... St. .... Ward)

File No. ....  
Registered No. **9079**

2. FULL NAME **Russell E. Landgraf**

(a) Residence, No. **4020 Potomac St.** St. **16** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **1 yrs. 4 mos. 2 ds.** How long in U. S., if of foreign birth? yrs. mos. ds.

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) **June 26th, 1934**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**1 4 2**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----  
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) **St. Louis** (STATE OR COUNTRY) **Missouri**

13. NAME **Mr. Marvin Landgraf**  
14. BIRTHPLACE (CITY OR TOWN) **Pocahontas,** (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Concordia Uthoff**  
16. BIRTHPLACE (CITY OR TOWN) **St. Louis,** (STATE OR COUNTRY) **MO.**

17. INFORMANT **Mr. Marvin Landgraf** (ADDRESS) **4020 Potomac**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem Cemetery - 10-30-35**

19. UNDERTAKER **Beiderwieden Funeral Home, Inc** (ADDRESS) **1936 St. Louis Avenue**

20. FILED **OCT 30 1935** (Address) **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 28, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 27<sup>th</sup>**, 19**35**, to **Oct 28<sup>th</sup>**, 19**35**. I last saw h.i.h. alive on **Oct 28<sup>th</sup>**, 19**35**. Death is said to have occurred on the date stated above, at **2:45 P.M.** The principal cause of death and related causes of importance were as follows:

**Antussusception** Date of onset **10-27-35**  
**Aspiration Atelectasis** **10-27-35**

Other contributory causes of importance: **Aspiration Atelectasis**

Name of operation **(Release of Antussusception)** Date of **10-27-35**  
What test confirmed diagnosis? **Enterostomy** Was there an autopsy? **Yes**

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) **Arnold Klein, M. D.** (Address) **4663 Magnolia**

