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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MAR 25 1936

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH Emmaus Home
County St. Charles — Registration District No. 757 — File No. 7378
Township St. Charles — Primary Registration District No. 5998 — Registered No. 34
City ~~St. Charles~~ (No. ..... , ... St. ..... Ward)

2. FULL NAME Anna Landefeld
(a) Residence, No. Emmaus Home St., ... Ward. Woods-field, Ohio
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) October 2, 1869
7. AGE: YEARS 66 — MONTHS 4 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Woodsfield Ohio

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Rev. Theophil Stoerker Emmaus Home
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Emmaus Cemetery DATE Feb. 27th 1936
19. UNDERTAKER (ADDRESS) Steinbrinker Und. Co. St. Charles
20. FILED 2/26 1936 Clarence G. Hessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb. 20th, 1936 to Feb. 22, 1936.
I last saw her alive on Feb. 21st, 1936. Death is said to have occurred on the date stated above, at 2:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hypostatic Congestion of Lungs	Feb 20/36

Other contributory causes of importance: Chronic Catharal Asthma 2 yrs ago.

Name of operation Morris Date of
What test confirmed diagnosis? Signs & Sympt. 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) A. P. Erich Schulz, M. D.
(Address) St Charles Mo.