

MAY 7 1936

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

Do not use this space.

791

17253

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Registration District No.....
City St. Louis (No. Missouri Baptist Hospital) (U.S. City) (Ward) 4017

2. FULL NAME

(a) Residence, No. 4247 De Soto Ave. St. 10 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
57 4 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assembler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ford Motor Co.
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) Germany13. NAME Charles Landwehr14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Louise Locke16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs. Clara Landwehr
(ADDRESS) 4247 De Soto Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Apr 15 193619. UNDERTAKER Math. Hermann, Jr. Son
(ADDRESS) 2164 East Fairview20. FILED APR 13 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 12, 193622. I HEREBY CERTIFY, That I attended deceased from March 23, 1936 to Apr 12, 1936I last saw him alive on Apr 12, 1936 Death is said to have occurred on the date stated above, at 10 A.M.The principal cause of death and related causes of importance were as follows:
Date of onsetLobar pneumonia

Other contributory causes of importance:

Influenza

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no23. 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) G. H. Kuller, M. D.
(Address) 3121 N Grand Blvd

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.

