

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

Do not use this space.

21278

1. PLACE OF DEATH St. Mary's Infirmary

791

County.....

Registration District No.....

1003

Township.....

Primary Registration District No.....

City Saint Louis

(No. Saint Marys Infirmary)

File No.....

Registered No. 5489

2. FULL NAME William Lands

(a) Residence, No. 1937 rear Delmar St. 21 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936 to May 20, 1936

I last saw him alive on May 20, 1936 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1880

to have occurred on the date stated above, at 5:15 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 3 28

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Hypertension

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

Chronic myocarditis

10. Date deceased last worked at this occupation (month and year) April, 1936 11. Total time (years) spent in this occupation 5 Mos

Chr. Nephritis

Other contributory causes of importance: 121

12. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Kentucky

Date of onset

13. NAME Bob Lands

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

14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Kentucky

What test confirmed diagnosis?..... Was there an autopsy? No

15. MAIDEN NAME Amand Froat

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Virginia

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT Florence Lands (ADDRESS) 1937 Rear Delmar

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE May 25, 1936

Manner of injury.....

19. UNDERTAKER Charles J. Gales (ADDRESS) 4107 Finney Avenue

Nature of injury.....

20. FILED 9861 92 1936 J. T. Bredeck Registrar.

24. Was disease or injury in any way related to occupation of deceased? N Y

If so, specify James E. Jackson, M. D. (Signed) 1536 - 1st St (Address)

MAY 25 1936

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

