JUL 14 1936

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

Do not use this space.

791

24966

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6627

City ST. LOUIS (No. ....., JEWISH HOSPITAL St. ..... Ward)

2. FULL NAME CAROLYN LANDWEHR

(a) Residence, No. 323 CLARA AVE. St., 5 Ward. .....
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 15 - 1889

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
47	4	14	

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) ST. LOUIS, MO.

FATHER

13. NAME FRANK R. LANDWEHR.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY.

MOTHER

15. MAIDEN NAME CAROLINE McSEIVER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY.

17. INFORMANT (ADDRESS) JUDGE FRANK LANDWEHR. 323 CLARA AVE.

18. BURIAL, CREMATION, OR REMOVAL

PLACE ZION CEMETERY DATE JULY 2, 1936

19. UNDERTAKER (ADDRESS) Wm. M. Schumacher 4834 Natural Bridge

20. FILED JUN 30 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-6-, 1936, to 6-29-, 1936

I last saw her alive on 6-29-, 1936. Death is said to have occurred on the date stated above, at 3:10 p.m.

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

Myocarditis, ac

930

Date of onset

Other contributory causes of importance:

Papilloma of Bladder

Non Malignant

Name of operation July Bladder Date of 5/18/36

What test confirmed diagnosis? Yes 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) Otto J. Wilhelmi, M. D.

(Address) 220 Ulm Clut Bldg.

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.

10M-3-28-35