

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.

AUG 18 1936

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

Do not use this space.

28573

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **ST. LOUIS Mo.** (No. **CITY HOSPITAL**)

File No.
Registered No. **7439**
St. Ward)

2. FULL NAME **WALTER LANFERSIECK**

(a) Residence, No. **1900 OBEAR AVE** St. **9** 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 **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **FLORENCE LANFERSIECK**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **FEB. 2-1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 7 13

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

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 **WILLIAM LANFERSIECK**

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

15. MAIDEN NAME **LOUISE FELDMAN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS MISSOURI**

17. INFORMANT **FLORENCE LANFERSIECK** (ADDRESS) **1900 OBEAR AVENUE**

18. BURIAL, CREMATION, OR REMOVAL PLACE **ST. PETERS** DATE **JULY 18 1936**

19. UNDERTAKER **WELL WALSH BARNES** (ADDRESS) **EAST ST. LOUIS**

20. **JUL 16 1936** 19 **J. F. Bredeck** Registrar.

No. P. H. in attendance
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JULY 15 1936**

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **10²⁵ P. m.**

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

Heart Strain

Other contributory causes of importance: **191**

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) **J. F. Bredeck**, M. D.

(Address) **St. Louis, Mo.**

