

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.....)

Registration District No. 791
Primary Registration District No. 1003
Christian Hospital

File No. 39769
Registered No. 10816
St. Ward)

2. FULL NAME

HENRY LANSKER,

(a) Residence, No. 5500 Beacon Avenue St.
(Usual place of abode)

Ward. 7

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1936, to Oct 27, 1936
I last saw him alive on Oct 27, 1936 Death is said to have occurred on the date stated above, at 7:00 P. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1865

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 3 22

Atherosclerosis Heart Date of onset X/4

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

Coronary Atherosclerosis
82%

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toledo Ohio

Other contributory causes of importance:
Hypostatic Pneumonia 12/24/36
bronchial

13. NAME Not Known

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

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.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Mrs. May L. Lansker (ADDRESS) 5500 Beacon Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct, 30, 1936

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED 601 29 1936 JF Bredeck Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify..... (Signed) W. J. Simpson M. D.
(Address) St. Louis, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

