

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
 County St. Louis Registration District No. 788
 Township Jeff Primary Registration District No. 4471
 City Webster (No. 417, Atalanta St. _____ Ward)

2. FULL NAME Julie Wills Landers
 (a) Residence, No. 417 Atalanta St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26 1936

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	0	3	26	

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

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 Albert C. Landers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville Ill.

MOTHER 15. MAIDEN NAME Irene Daily
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elina Mo.
Albert C. Landers

17. INFORMANT (ADDRESS) 417 Atalanta

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bellefontaine DATE 4/24/36 19.

19. UNDERTAKER (ADDRESS) W. O. Street M. D. Co. 2117

20. FILED 4-22-37 Julius R. York Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22 1937

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 6 a. m.
 The principal cause of death and related causes of importance were as follows:
accidental suffocation under bedclothing Date of onset 4/22/37
1920
 Other contributory causes of importance: Pertussis 4/1/37

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? No
Signs

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 4/22, 1937
 Where did injury occur? Webster Grove Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury suffocating under bedclothing
 Nature of injury suffocation

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) John T. Connell M. D.
 (Address) Parsons, St. Louis Co.

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.

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