MAY 22 1938

REC'D JUN 7 1938

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

19535
Do not use this space.

1. PLACE OF DEATH
(a) County ST. LOUIS — Registration District No. 784
(b) Township — Primary Registration District No. 115 — Registered No. 898
(c) City UNIVERSITY. (d) Street No. 6926 PERSHING AVE. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SIMEON W. LANDSBERG 537.
(a) Residence, No. 6926 PERSHING AVE St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 MINNIE R. LANDSBERG

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 5 1864

7. AGE: Years 74. Months 4. Days 17. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LUMBER DEALER
9. Industry or business in which work was done, as saw mill, bank, etc. RETIRED
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) LEXINGTON KENTUCKY

FATHER
13. NAME WILLIAM LANDSBERG
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT THOMAS H. LANDSBERG
(ADDRESS) 6926 PERSHING AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE VERSAILLES KY DATE MAY 23 1938

19. FUNERAL DIRECTOR C. R. LUPTON & SONS
(ADDRESS) 4449 OLIVE ST

20. FILED MAY 22 1938 1938 T. K. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3rd 1932, to May 22, 1938
I last saw him alive on May 20 1938. Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 5/22/38

Other contributory causes of importance:
Coronary Sclerosis.

Name of operation ..... Date of .....
What test confirmed diagnosis? phys. diag. 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) David N. Flynn, M. D.
(Address) 401 Humphreys Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

HUMBOLT BLdg

STATEMENT BY LICENSED EMBALMER

I, C. R. Lupton Jr., Licensed Embalmer No. 2123

hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. A. Miles

L. E. 2901

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed C. R. Lupton Jr

Licensed Embalmer No. 2123

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)