

DEC'D AUG 24 1938

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

25109

Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014 Registered No. 202
(c) City Jefferson City, Mo (d) Street No. St. Mary's Hospital 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 Fred Landwehr Sr.

(a) Residence, No. East Hy 50 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1867
7. AGE YEARS 70 MONTHS 10 DAYS 15 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Hanover Germany

FATHER 13. NAME Verhardt Landwehr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany

MOTHER 15. MAIDEN NAME Minnie Kuhlman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Harry Landwehr
(ADDRESS) East Hy 50

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE July 2, 1938

19. FUNERAL DIRECTOR (NAME) John F. Heinrichs
(ADDRESS) Jefferson City, Mo.

20. FILED 7/6/38 Hubert M. D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/14, 1938, to 6/30, 1938
I last saw him alive on 6/30, 1938. Death is said to have occurred on the date stated above, at 10:30 P
The principal cause of death and related causes of importance were as follows:

Carcinomatosis of abdominal viscera.

Other contributory causes of importance: 4619

carcinoma of stomach.

Name of operation Gastrotomy Date of 6/18/38
What test confirmed diagnosis? Was there an autopsy?

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 Yes
(Signed) W. A. Canale, M. D.

(Address) 234 Madison St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. OCCUPATION should be stated EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

John J. Hainich

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

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.)

If this body is not embalmed, above space should be left blank.