

194

REC'D JUN 12 1939

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

791

17044
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St Louis
(e) Length of residence in city or town where death occurred
5 3/4

Registration District No.
Primary Registration District No.
(d) Street No. 3432 Blair Ave Registered No. 4578
(If death occurred in Hospital or Institution, write its name instead of street and number) St. St. Louis Hospital
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bernard Landwehr

(a) Residence, No. 3432 Blair Ave St. 26
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 Th 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 9 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Boiler Worker
9. Industry or business in which work was done, as saw mill, bank, etc. Worker
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

13. NAME John Landwehr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elisabeth Sievers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Louisa Landwehr
(ADDRESS) 3432 Blair Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE May 22 D 39

19. FUNERAL DIRECTOR Edward Koch
(ADDRESS) 3516 N 14th St

20. FILED MAY 19 1939
J. Medeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18-39

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 4:10 m.

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

Acute Stenosis with
Chronic Hypertrophy
of Aorta
Chronic Industrial Hypertrophy
Other contributory causes of importance:
Chronic Cold
of Lungs
Name of operation..... Date of.....
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? No
If so, specify.....

(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

