

REC'D JUN 14 1939

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

19664

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... St. Francois ..... 1 Registration District No. 773  
 (b) Township..... St. Francois ..... Primary Registration District No. 6018A Registered No. 82  
 (c) City..... Farmington ..... (d) Street No. State Hospital No. 4 ..... 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 530 Anthony J. Landewe

(a) Residence, No. Leonold, Mo. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-30-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 9 8

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..... 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

13. NAME John Landewe

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Records of State Hospital No. 4  
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutesville Mo DATE ? May 10 1939

19. FUNERAL DIRECTOR (NAME) A. J. Baker  
 (ADDRESS) Lutesville, Mo.

20. FILED May 9, 1939 B. Robinson  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1939, to 5-8, 1939

I last saw him alive on 5-8, 1939 Death is said to have occurred on the date stated above, at 4:45 p.m.  
 The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis  
marked with  
arteriosclerotic Heart Disease Date of onset D.K.

Other contributory causes of importance: 121  
Chronic Nephritis  
Senility

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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?.....  
 If so, specify Yes R. Mulvey M. D.  
 (Signed) 1939 (Address) Farmington, Mo.

**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. 3573

working under my personal supervision.

Signed.....

*A. J. Baber*

..... Licensed Embalmer No. ....

..... P. O. Address.....

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

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