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13-40
7-39
K23159

FILED SEP 25 1940
Registration District No. 791

State File No.

Primary Registration District No. 1003

Registrar's No. 6490

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME John Landwehr 536

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 29 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 0 2 hr. min.

9. Birthplace Summerfield Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business.....

12. Name Louis Landwehr

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Fredericka Steuberer

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fred W. Landwehr

(b) Address Lebanon, Ill.

17. (a) Removal (b) Date thereof 8-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O'Fallon, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG 1 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County.....
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4323 Tholozan
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31,
year 1940 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from July
22, 1940 to July 31, 1940;
that I last saw him alive on July 31, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Duration year

Due to ab

Due to Cardiac Hypertrophy year
Hypertension years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Walter Ford (M. D. or other)
Address 1515 Lafayette 7/31/40
Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Albert G. Hoff

Licensed Embalmer No. 2971

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.