

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

FILED OCT 20 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7069

1. PLACE OF DEATH

FILED OCT 18 1941

(a) County ST. LOUIS
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1811 S. 3RD ST. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
 (c) City or town ST. LOUIS 23 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1811 S. 3RD ST. 9
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JOSEPH LANDGRAF

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE (M) 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife VIOLA 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased DEC 7 1887
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>8</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace ST. LOUIS MO
 (City, town, or county) (State or foreign country)

10. Usual occupation MOULDER -

11. Industry or business FOUNDRY RETIRED

12. Name CHARLES LANDGRAF

13. Birthplace ST. LOUIS MO
 (City, town, or county) (State or foreign country)

14. Maiden name MARY BRENNICKE

15. Birthplace ST. LOUIS MO
 (City, town, or county) (State or foreign country)

16. (a) Informant VIOLA LANDGRAF

(b) Address 1811 S. THIRD ST.

17. (a) BURIAL (b) Date thereof 9/2/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MNT HOPE CEM.

18. (a) Signature of funeral director J. P. Funder

(b) Address 7128 Michigan

19. (a) SEP 2 1941 (b) J. P. Funder
 (Received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 30
 year 1941 hour 11 minute 54 M.

21. I hereby certify that I attended the deceased from Aug 23
 1941, to Aug 30, 1941;
 that I last saw him alive on Aug 129, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Coronary Arteriosclerosis
 Due to _____
 Due to _____

Duration
13 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ASC
 Of autopsy ASC

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) _____ (c) Means of injury _____

23. Signature C. F. Kueppel (M. D. or other) _____
 Address 905 Harrison Date signed 9/2/41

C. Ja 2645
905 Mission

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 Harry J. Schmitt

Licensed Embalmer No. 2699

P. O. Address 732 Lemay

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, fact should be so stated above.