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X23159

DEC 15 1941

Registration District No. 425

Primary Registration District No. 5580

Registrar's No. 15-4

1. PLACE OF DEATH: JEFFERSON

(a) County JEFFERSON

(b) City or town RURAL - MERAMEC TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 WKS. 11 MONTHS - 22 DAYS
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 50

(c) City or town RURAL - MERAMEC
(If outside city or town limits, write "RURAL")
ST. JOSEPH'S HILL INFIRMARY

(d) Street No. _____
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WILLIAM LANDES

3. (b) If veteran, name war NO

3. (c) Social Security No. 240125

4. Sex MALES

5. Color or race W

6. (a) Single, widowed, married, divorced SINGLE

6. (c) Age of husband or wife if alive NONE years

7. Birth date of deceased FEB. 28 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>8</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation LABORER

11. Industry or business "

12. Name WILLIAM LANDES

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

14. Maiden name MABEL GUNN

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

16. (a) Informant Brother Roch, O.F.

(b) Address St. Joseph's Hill Infirmary

17. (a) Burial (b) Date thereof 11 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Hill

18. (a) Signature of funeral director Brother Bonaventura

(b) Address St. Jos. Hill Inf. - Eureka, Mo.

19. (a) 11/26 1941 (b) James W. Towns
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 26
year 1941 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from JANUARY 10, 1938, to NOV. 26, 1941; that I last saw him alive on NOV. 22, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to cerebral Hemorrhage

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 830

Of operations _____

Of autopsy _____

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 0

23. Signature Wesley S. Sargent (M.-D. or other) MD
Address Eureka, Mo. Date signed 11/26/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Not Embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.