

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
Specify whether
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 525 Espenschied
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ADOLPH LANDMANN

3. (b) If veteran, name war NONE 3. (c) Social Security No. 702-14-6348

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rena
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased June 5
(Month) (Day) (Year) 1885

8. AGE: Years 56 Months 6 Days 8
If less than one day hr. min.

9. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation Crossing Watchman

11. Industry or business M. & P. Railroad

MOTHER FATHER { 12. Name UNKNOWN
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Rena Kuntel Landmann

(b) Address 525 Espenschied

17. (a) BURIAL (b) Date thereof DEC. 10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. TRINITY LUTN CH

18. (a) Signature of funeral director C Hoffmeister & Co.
(b) Address 7814 S. BROADWAY

19. (a) DEC 19 1941 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17th
year 1941 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from 12-13
1941 to 12-17 1941;
that I last saw him alive on 12-17 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism
Due to thrombosis

Direct Cerebral arteriosclerosis
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none
Of autopsy none

Duration
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)
(f) Means of injury _____
23. Signature J. F. Brubaker (M. D. or other) _____
Address Miss. Pacific Bldg. Date signed 2/1/41

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

0
7
9

2

APR 6 1942

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.....

Richard G. Hoffmeister, Registered Apprentice No. *291*
working under my personal supervision.

Signed *Edwin H. Leubinger*

Licensed Embalmer No. *4649*

P. O. Address *6465 Chippewa*

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.