

S. No. 2
M-9-4
7-5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34945

State File No.

FILED NOV. 11 1942

Registration District No.

Primary Registration District No. 6081

Registrar's No.

1. PLACE OF DEATH:

(a) County Ste Genevieve
(b) City or town Rural Union Twp.
(c) Name of hospital or institution: /
(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)

3. (a) PRINT FULL NAME Joseph Fred Landolt

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

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

6. (b) Name of husband or wife Rosie Landolt 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September 3 1887 (Month) (Day) (Year)

8. AGE: 55 Years 1 Months 25 Days If less than one day hr. min.

9. Birthplace St. Francois Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Fred Landolt 13. Birthplace Germany (City, town, or county) (State or foreign country) 14. Maiden name Lena Marie Milt 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Lee Landolt (b) Address Desloge, Missouri

17. (a) Burial (b) Date thereof 10/31/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marvin Chapel Cemetery

18. (a) Signature of funeral director Benham Undertaking Co.

(b) Address Bonne Terre, Missouri

19. (a) Nov. 6 - 42 (b) Rev. Joseph S. Kasper (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve
(c) City or town Rural Union Twp.
(d) Street No. Route 2 Farmington, Mo.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Gun shot wound in the left chest inflicted by love. Due to: Love's young

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: Coronary Vein etc. see other side.

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: Dr. Reeder acting coroner Address: 1722 W. Gardner Ave. Date signed 11/13/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

75
0
0

95

0

0

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Herod Lassdelt came to his death by a
gun shot wound in his left side by with
B.B. Shot afflicted by one Geo Young, as
finding by the coroners jury.

J W Reader J P

RECEIVED

District Health Officer No. 3
District File Number 1142-1389
Date Filed 11-10-42

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, ~~only~~

Eleuan Province

~~Registered Apprentice No.~~

~~working under my personal supervision.~~

Signed

Eleuan Province

Licensed Embalmer No.

3403

P. O. Address

Bonne Terre

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34945-2

Registration District No. 320

Primary Registration District No. 6081

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Genevieve
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (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 _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph Fred Sandolt
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 3 1881
 (Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 20 (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry of business _____

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

16. (a) Informant _____
 (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 28 Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I have seen him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Sun stroke
caused in the left chest affected by bronch
 Due to searing
 Due to _____

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

Major findings: Of operations 166
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Homicide
 (b) Date of occurrence Oct 28 42
 (c) Where did injury occur? County Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on County Road near his home
 While at work? yes (Specify type of place) (e) Means of injury Sun stroke
 23. Signature J. W. Reader J.P. (M.D. or other) _____
 Address Weingarten Date signed 12-6

SUPPLEMENTARY

WRITE PLAINLY - USE UNFADING BLACK INK

1942
S-34945