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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4450

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1697

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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 13

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 923
(If outside city or town limits, write "RURAL")

(d) Street No. 1825 KENNETT PLACE
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Terry Dale Landers

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE 0

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased NOV (Month) 9 (Day) 1943 (Year)

8. AGE: Years — Months 3 Days 10 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation CHILD

11. Industry or business

FATHER
12. Name CHARLES LANDERS
13. Birthplace MO. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ESTELLE LEWIS
15. Birthplace MO. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Estelle & Chas. Landers
(b) Address 1825 Kennett Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Ester, Mo.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av

19. (a) (Date received by local registrar) FEB 20 1943 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19, year 1943 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from February 3, 1943 to February 19, 1943 that I last saw him alive on February 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Capillary bronchiolitis
Bilat acute suppuration
Due to otitis media

Due to

Other conditions
(Include pregnancy within 3 months of death) 89

Major findings:
Of operations

Of autopsy bronchitis
atelectasis

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature C. Meeker (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 2/20/43

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Collins

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.