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5-17-39
P1 X224

10845

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

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

64
3
4

FILED APR 10 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Maion

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

(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 125 S. Main Deer Head
(If rural, give location)

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

If yes, name country 8

3. (a) PRINT FULL NAME Jacob Joseph Landau

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1
year 1943 hour 7 minute 10 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased February 28 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4, 1943, to Feb - 1, 1943
that I last saw him alive on Jan Feb - 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-Vascular Disease

Duration ?

8. AGE: Years 76 Months 11 Days 4
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation Retired

Major findings: 1310

11. Industry or business Clothing merchant

Of operations _____

12. Name Samuel Landau

Of autopsy _____

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

14. Maiden name Bella Lieberman

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

16. (a) Informant Daniel B. Landau

(b) Address 116 69th St. Oceanide, Calif.

17. (a) Burial (b) Date thereof Feb 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hebrew Cemetery

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address 1700 Bluff, Hannibal, Mo.

19. (a) 2/8/43 (b) R. W. Johnson
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature W. H. Harvey (M. D. or other) _____

Address Hannibal Mo Date signed Feb 6 1943

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 Ray P. Schwartz
Licensed Embalmer No. 1765
P.O. Address 1000 Ridgeway Hamstead Md

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.