

ED. APR 19 1943 318
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5370 Pershing
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Harry Landeker

3. (b) If veteran, name war 3. (c) Social Security No.

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

6. (b) Name of husband or wife Emma Landeker 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 13 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>2</u>	<u>24</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business Salesman

12. Name Solomon Landeker

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Werner

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jean Landeker

(b) Address 5370 Pershing

17. (a) Burial (b) Date thereof 4-8-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herman Rindke

(b) Address 5216 Delmar Blvd.

19. (a) APR 7 1943 (b) J. J. Bresler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1943 hour 10 minute 47 A.M.

21. I hereby certify that I attended the deceased from Jan. 1940
..... 19 April 6 19 43
that I last saw him alive on April 6 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to arteriosclerosis

Due to As

Other conditions Parasite Cysticercus
(Include pregnancy within 3 months of death)
of both lungs

Major findings:
Of operations

Of autopsy same as above

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)
(Means of injury) 1

23. Signature H. J. Shultz (M. D. or other)
Address 628 Union Blvd Date signed 4/7/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Chas. W. Cooper

Licensed Embalmer No.....

3830

P. O. Address.....

5216 Delmar

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.