

7. S. No. 2
FORM-5-42
Rev. 5-17-39
I X3227

15443

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED MAY 6 1943

Registration District No. 3 17

Primary Registration District No. 6076

Registrar's No. 912

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8149 Gravois
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 3 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5631 Pershing
(If rural, give location)
Registered Alien # 4186434
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Rica Landauer

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Max Landauer 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased August 2nd 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 11 hr. min.

9. Birthplace Wuertemberg Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Elias Pressburger

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Zirndorfer

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Landauer

(b) Address 5631 Pershing

17. (a) burial (b) Date thereof 4/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brith Sholon

18. (a) Signature of funeral director Wenger Memorial

(b) Address 4715 McPherson

19. (a) APR 15 1943 (b) C. J. MacGurran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1943 hour 11 minute 45 A M.

21. I hereby certify that I attended the deceased from Mar. 6th, 19 43 to April 13th, 19 43
that I last saw her alive on April 12th, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Right Side Duration 2 da.

Due to.....
Due to.....

Other conditions Arteriosclerosis 2 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy 8361
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) (a) Means of injury.....

23. Signature Dr. W. H. Hatters (M. D. or other)
Address 3608 South Grand Blvd. Date signed 4/13/43

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

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

[Handwritten Signature]
#1597
4715 *[Handwritten Name]*

Licensed Embalmer No.....

P. O. Address.....

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.