. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 583
334

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Flower Retreat House 25.
(If not in hospital or institution, give street number or location) 2500 Arlington
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 03
(c) City or town St. Louis 04
(If outside city or town limits, write "RURAL")
(d) Street No. 5704 West Park Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Mary Landwehr

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Late George Landwehr
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 7th (Day) 1863 (Year)

8. AGE: Years 80 Months 9 Days 3 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Unknown Fischer
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mr. Hilbert
(b) Address 1019 Ann Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) JAN 12 1944 (Date received local registrar) (b) J. F. Bruneck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th year 1944 hour 11:50 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan. 3rd 1944, 19..., to Jan. 10th 1944, 19..., that I last saw her alive on Jan. 10th 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	7 days.
Due to: Generalized Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

23. Signature Paul B. Webb M.D. (M. D. or other)
Address 1915 Sidney St. Date signed 1/11/44

(Licensed Embalmer's Statement on Reverse Side)

Morganford Rd.

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 Richard W. Stoessard

Licensed Embalmer No. 4007

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.