

7. S. No. 2
DOM-5-43
Rev. 5-17-39

37682

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 3 1945

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 249

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: 33 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JEFFERSON

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

(d) Street No. 215 Jefferson
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank P. Landes

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1945 hour 8 minute 45 A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased: December 5, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1945 to Nov 20, 1945
that I last saw him alive on Nov 20, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 11 Days 15
If less than one day _____ hr. _____ min.

Immediate cause of death: Chronic Myocarditis Duration Unknown

Due to Hypertension

Due to _____

9. Birthplace Peru INDIANA
(City, town, or county) (State or foreign country)

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

Major findings: _____
Of operations: _____

10. Usual occupation Retired Glassworker

11. Industry or business Pittsburgh Plate Glass

12. Name Mark Landes

13. Birthplace Elm Grove Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Anna

15. Birthplace New Market Indiana
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Carl Landes

(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof Nov. 23, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Mo.

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? _____

18. (a) Signature of funeral director Paul R. Polite

(b) Address Crystal City, Mo.

19. (a) 11-26-045 (b) Charles Brown
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____
Address Crystal City, Mo. Date signed Nov 24 1945

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

1644

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.....

Gentry R. Polittle

Licensed Embalmer No. *3481*

P. O. Address *Crystal City, Mo*

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.