S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7280

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 422

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 6643 Kingsbury Ave., /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6643 Kingsbury Ave., 5
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Leon A. Landau

3. (b) If veteran, name war World War I

3. (c) Social Security No. 327-07-2105

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Esther L. Landau

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April (Month) 24, (Day) 1890 (Year)

8. AGE: Years 56 Months 10 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Salesman

11. Industry or business Advertizing

FATHER
12. Name Louis Landau
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Anne Schulher
15. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Esther L. Landau
(b) Address 6643 Kingsbury Ave.,

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.

19. (a) 2-27-47 (Date received local registrar) (b) Ruth J. Allen M.D. (Registrar's signature) 4a

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25
year ..... hour 8 50 minute A M.

21. I hereby certify that I attended the deceased from May 14, 1945, to February 25, 1947;
that I last saw him alive on February 24, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liver	2 yrs +
Due to: Carcinoma of sigmoid colon / Carcinoma of ascending colon	
Due to: 46	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Ca of liver - multiple Ca of colon - see above
Of autopsy None held

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 0

23. Signature Roland Skeffer (M. D. ~~or other~~)
Address 4500 Olive Date signed 2/25/47

(Licensed Embalmer's Statement on Reverse Side)

Roland [illegible]

MAR 7

APR 10 1947

MAR 25 1947

MAR 13 1947

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.

No Embalming

Signed.....

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.