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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14158**  
Registrar's No. **2642**

Registration District No. **318** Primary Registration District No. **1003**

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

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:  
Lutheran Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Charlotte Landgraf  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed 2  
6. (b) Name of husband or wife Anton A. 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased January 15, 1870  
(Month) (Day) (Year)

8. AGE: Years Months 77 1 5 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Henry Voertman

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

14. Maiden name Catherine Lantz

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

16. (a) Informant Miss Florence Landgraf

(b) Address 4128a Flad Avenue

17. (a) Burial (b) Date thereof March 13, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F.H. INC.  
(b) Address 1936 St. Louis Avenue

19. (a) MAR 13 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

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. 4128a Flad Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10  
year 1947 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from Febr. 1, 1947  
to March 10, 1947  
that I last saw her alive on March 10, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of Right Mammary Gland  
Chronic Interstitial Nephritis  
Other conditions (Include pregnancy within 3 months of death)  
Chronic Interstitial Nephritis

Major findings: Carcinoma of Right Breast  
Of operations.....  
Of autopsy.....

Duration  
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)  
Means of injury m.d.  
23. Signature B. W. Klippel (M. D. or other)  
Address 2102 So. Grand Blvd Date signed 3/10/47

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**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..... *Delis J. Krupin*.....  
Licensed Embalmer No..... *3497*.....  
P. O. Address..... *1936 St. Louis Ave*.....

**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.**