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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11160
State File No. _____
Registrar's No. **2410**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4346 N. Euclid 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 _____
years, months or days)

3. (a) PRINT FULL NAME **Francis G. Landzettel (LANDSETTEL)**
3. (b) If veteran, **Burger Mem. Post # 3711**
Veteran of Foreign Wars No. _____
(c) Social Security No. _____

4. Sex **Male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **July 12, 1904**
(Month) (Day) (Year)

8. AGE: Years Months Days
52 **7** **25**
22 If less than one day
hr. min.

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

10. Usual occupation **Machinist**

11. Industry or business _____

MOTHER FATHER

12. Name **Frank Landzettel**

13. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Mildred Landzettel**

(b) Address **4346 N. Euclid**

17. (a) **Burial** (b) Date thereof **Mar. 10, 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem**

18. (a) Signature of funeral director **Bromschwig & Son**
4745 W. Florissant
(b) Address

19. (a) **MAR 8 1947**
(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. **4346 N. Euclid**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH Month **March** Day **7** Year **1947** hour _____ minute **20** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Crown Aneurysm
Crown Sclerosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____
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 **3**
23. Signature **Edmund E. Taylor** (M. D. or other) **3/10/47**
Address _____ Date signed _____

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

APR 16 1947

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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 *J. W. Wilkinson*
Licensed Embalmer No. *3575*
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.