No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15327

FILED MAY 1 1947

Registration District No. #63667 318 Primary Registration District No. 1003 Registrar's No. 4156

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

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:
St. Louis City Hospital Max G. Starkloff
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 0 and

(a) State MO (b) County 23 17

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2616 ST. VINCENT 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRED LANSBERG

3. (b) If veteran, name war NONE

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LATE MARGARET

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

7. Birth date of deceased AUG (Month) 9 (Day) 1869 (Year)

8. AGE: Years 77 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation LAWYER-RECORD ATTY.

11. Industry or business CITY OF ST. LOUIS

MOTHER FATHER

12. Name FRANK B. LANSBERG

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

14. Maiden name WILHELMINA GUELZ

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

16. (a) Informant FRANK B. LANSBERG

(b) Address 7000 HOLLY HILLS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4 23 47 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 SO. KINGSHIGHWAY

19. (a) APR 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1947 hour 3:06 minute A M.

21. I hereby certify that I attended the deceased from 10-13-46 19 to 4-21-47 19 that I last saw him alive on 4-21-47 19 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia - bilateral

Due to

Due to Diverticulosis large & small intestine

Other conditions Fusiform aneurysm in abdominal aorta.
(Include pregnancy within 3 months of death)

Major findings: Of operation Thrombophlebitis l. leg generalized arteriosclerosis

Of autopsy Senile psychosis as above

Duration

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.

Address 1515 Lafayette Date signed 4-21-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. Stovesand

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.