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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. #76014

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29237

Registrar's No. 7567

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

1. PLACE OF DEATH: 318

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ond

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2917 Union Bl. 9
(If rural, give location)

(e) Citizen 6 foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME NORA LANSBERG

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late John

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

7. Birth date of deceased Sep't. (Month) 24 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	10	14	hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Jessie Rose
13. Birthplace Savannah (City, town, or county) Ga. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mayme Boster
(b) Address 2917 Union Bl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) AUG 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8th
year 1947 hour 10:35 minute P M.

21. I hereby certify that I attended the deceased from 8/2/47
, 19 , to Aug. 8th , 1947
that I last saw her alive on Aug. 8th , 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia

Due to

Due to

Other conditions Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pulmonary Congestion Bronchio Pneumonia

Duration
5 months
days

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 None

(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? None (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert L. Ulrich (M. D. or other)

Address 1515 Lafayette Date signed 8/9/47

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 N. 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.