

S. No. 2
OM-5-43
Rev. 5-17-39
1. X36671

FILED OCT 29 1947

3066

2232

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
U.S. Marine Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether in this community unknown years, months or days)

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. 2028 Hickory St.
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LANDIS, Henry

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lillie Landis

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

7. Birth date of deceased Sept. 2nd 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>1</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Oiler
Str. Minnesota

11. Industry or business Inland Waterways Co.

MOTHER FATHER { 12. Name unknown

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

14. Maiden name Dora Houston

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

16. (a) Informant Hospital clinical records

(b) Address U.S. Marine Hospital, Kirkwood, Mo

17. (a) BURIAL (b) Date thereof OCT. 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director Thomas Kutis, Son

(b) Address 2906 GRAVOIS

19. (a) 10-23-47 (b) Benjamin Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th
year 1947 hour 10:20 minute A M.

21. I hereby certify that I attended the deceased from October 19th, 19 47 to October 20th, 19 47, that I last saw him alive on Oct. 20th, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac arrest during administration of Pentothal anaesthesia

Due to _____

Due to 101

Other conditions Axillary Abscess, rt.
(Include pregnancy within 3 months of death) Bronchial Ashma

Major findings: none

Of operations none

Of autopsy none

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) X

(b) Date of occurrence _____ X

(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? X

(e) (Specify type of place) _____ (e) Means of injury _____ X

(f) Signature J. E. Elliott, Surgeon (M. D. or other) 0

(g) Address 525 Couch Ave., Kirkwood, MO Date signed 10-20-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
SP. SURGEON, MED. OFF. IN CHARGE

JAN 28 1948
8461
JAN 2 1948

MAR 10 1948

NOV 4 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.

Signed *Harmer C. Hill*

Licensed Embalmer No. *4347*

P.O. Address. *2906 Travis*

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.