

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **11391**
 Registrar's No. **669**

REG. DIST. NO. **317**

PRIMARY REG. DIST. NO. **3069**

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

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 669		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights				
d. FULL NAME OF HOSPITAL OR INSTITUTION 7804 Harter Avenue				d. STREET ADDRESS (If rural, give location) 7804 Harter Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) Anna Marie b. (Middle) Jacquinote c. (Last) Landree			4. DATE OF DEATH (Month) (Day) (Year) March 11, 1950					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 5, 1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 8	IF UNDER 48 HRS. Days 8 Hours 0 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife - Musician		10b. KIND OF BUSINESS OR INDUSTRY Organist-harpiste		11. BIRTHPLACE (State or foreign country) Wisconsin		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Jules Goldsteen		13b. MOTHER'S MAIDEN NAME Christine Anderson		14. NAME OF HUSBAND OR WIFE James C. Landree				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James C. Landree, M. D. 7804 Harter					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH ?? ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 240/130 DUE TO (c) Arterio Sclerosis General II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ??							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 1945 to March 11, 1950 , that I last saw the deceased alive on March 11, 1950 , and that death occurred at 8 P. M. from the causes and on the date stated above.								
23a. SIGNATURE A. K. Anderson			(Degree or title) M. D.		23b. ADDRESS 3720 Washington Blvd.		23c. DATE SIGNED 3/13/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/15/50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. MAR 15 1950		REGISTRAR'S SIGNATURE Hubert R. Klemm		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Rd.		ADDRESS		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Ernest W. Spillars

Licensed Embalmer No. 4080

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.