

FILED MAR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5731

State File No.

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **35**

0923

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

1. PLACE OF DEATH a. COUNTY St. Charles County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WARREN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRUESDALE	
c. LENGTH OF STAY (in this place) 1 MONTH		1096	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) George b. (Middle) Landwehr c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MARCH 4 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 1-29-1874
9. AGE (In years last birthday) 77		10. UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY Flour + Feed Store	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME CHARLES LANDWHR		13b. MOTHER'S MAIDEN NAME LOUISA DROSSELMAYER	
14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 2	
17. INFORMANT'S SIGNATURE OR NAME WM LANDWEHR		ADDRESS WARRENTON, MO.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral BronchoPneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertrophied Prostate DUE TO (c) with Prostatectomy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Pulmonary atelectasis	
INTERVAL BETWEEN ONSET AND DEATH 3 days		4610K	
6 days		4 days	
19a. DATE OF OPERATION 2/28/51	19b. MAJOR FINDINGS OF OPERATION Hyper Prostate		20. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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 Feb 6 , 1951, to March 4 , 1951, that I last saw the deceased alive on March 4 , 1951, and that death occurred at 4:15 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Vincent A. Schindler MD (Degree or title)		23b. ADDRESS St Charles, Mo	
23c. DATE SIGNED 3/4/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-6-51	24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	24d. LOCATION (City, town, or county) (State) WARRENTON Mo
DATE REC'D BY LOCAL REG. March 4 1951	REGISTRAR'S SIGNATURE Karnie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Heberg & Co. Warrenton, Mo.	

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 9 1951

RECEIVED

OCT 25 1951

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 John J. Hieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, Mo.

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.