

THE DIVISION OF HEALTH OF MISSOURI
 FILED JUN 29 1951 STANDARD CERTIFICATE OF DEATH

State File No. **21526**
 2478

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. LENGTH OF STAY (In this place) <u>YEAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		<u>4376</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7352 Pershing Ave</u>				d. STREET ADDRESS (If rural, give location) <u>7352 Pershing Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> b. (Middle) <u>E</u> c. (Last) <u>Landau</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1951</u>						
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 10, 1870</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Seligman Rosenberg</u>			13b. MOTHER'S MAIDEN NAME <u>Ettinger</u>		14. NAME OF HUSBAND OR WIFE <u>Simon Landau (deceased)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>#####</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles Francis</u> ADDRESS <u>7352 Pershing</u>						
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) <u>Uremia</u> ANTECEDENT CAUSES DUE TO (b) <u>arterio-sclerosis general</u> DUE TO (c) <u>hypertension</u> DUE TO (c) <u>nephrosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio-sclerosis & hypertensive heart disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>years</u> <u>years</u> <u>years</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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 <u>Dec. 1931</u> , to <u>June 22, 1951</u> , that I last saw the deceased alive on <u>June 19, 1951</u> and that death occurred at <u>4 1/2</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Claretha Selig M.D.</u> (Degree or title)				23b. ADDRESS <u>4500 Olive St. Louis 8</u>		23c. DATE SIGNED <u>6/22/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 24/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>				
DATE REC'D BY LOCAL REG. <u>6-22-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Tombe M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne</u> ADDRESS <u>4356 Lindell Blvd</u>					

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

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. Haines

Licensed Embalmer No. *4198*

P. O. Address *St. Louis 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.