.S. No. 300
EV. 10.48

FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12259

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 141

#m 0164 1

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 3 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home, 715 ELM. ST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: (Cape) Missouri b. COUNTY: Cape Gir
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau 0164
d. STREET ADDRESS (If rural, give location): 715 Elm ST 0

3. NAME OF DECEASED (Type or Print)
a. (First): Adolph b. (Middle): J c. (Last): Landl

4. DATE OF DEATH (Month) (Day) (Year): May 5 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Sept 15 1896
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 7 Days 20 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): St. Louis Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Adolph Landl
13b. MOTHER'S MAIDEN NAME: Amanda Lange
14. NAME OF HUSBAND OR WIFE: Hilda Landl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): War 1
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Amanda Lange ADDRESS: Cape Gir 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): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Parylisis
Possibly blood infection
DUE TO (c): No history

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 19 51, *to* May 5, 19 52 *that I last saw the deceased alive on* May 4, 19 52, *and that death occurred at* 6:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O J Miller MD
23b. ADDRESS: Rfd 1 Cape Girardeau Mo
23c. DATE SIGNED: 5/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 8 1952
24c. NAME OF CEMETERY OR CREMATORY: Lange
24d. LOCATION (City, town, or county) (State): Egypt Mills Mo.

DATE REC'D BY LOCAL REG.: 5-8-52
REGISTRAR'S SIGNATURE: C. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE: Joe G. Howell ADDRESS: Cape Gir Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1942

JUN 19 1942

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Gir 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.