

RECEIVED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33148

State File No.

318

1003

Registrar's No. 8862

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 8862	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights 4495</u>		d. STREET ADDRESS (If rural, give location) <u>1440 Berger Pl 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20 1952</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u>		b. (Middle) <u>William</u>		c. (Last) <u>Landwehr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20 1952</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 8 - 1868</u>	
9. AGE (In years) (If under 1 year last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>1st National Bank</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo. U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Henry Landwehr</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Niehaus</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Landwehr</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-14-7125</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen Landwehr 1440 Berger Pl</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>	
19a. DATE OF OPERATION <u>12-14-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Transurethral Resection of Bladder Tumor - Carcinoma of</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>181X</u>				22. I hereby certify that I attended the deceased from <u>11-28-49</u> , 19 <u>49</u> , to <u>9-20-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-20-52</u> , 19 <u>52</u> , and that death occurred at <u>4:55 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>607 N. Grand, St. Louis 3, Mo.</u>		23c. DATE SIGNED <u>9-22-52</u>		24a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Removal</u>	
24b. DATE <u>Sept. 23</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Grove</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Beppens Kirkwood</u>	
DATE REC'D BY LOCAL REG. <u>SEP 23 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Beppens Kirkwood</u>			

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

mo

OCT 16 1952

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 Raymond W. Wierand

Licensed Embalmer No. 3034

P. O. Address Westwood 21

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.