

STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1953

State File No. **33590**
 Registrar's No. **8205**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8205	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 14 TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 2149 OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 5015 Parker	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital							
3. NAME OF DECEASED (Type or Print)		a. (First) LOUISE		b. (Middle) M.		c. (Last) LANDT	
4. DATE OF DEATH		(Month) Aug.		(Day) 23		(Year) 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 9 WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 22, 1867		9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) Millstadt, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Nolte		13b. MOTHER'S MAIDEN NAME Hannah Kamman		14. NAME OF HUSBAND OR WIFE Richard K. Landt			
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. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank H. Schick, 5015 Parker Ave.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Thrombosis of Superior Mesenteric Vein ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Surgens of Small Intestine DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Carcinoma of Head of Pancreas				INTERVAL BETWEEN ONSET AND DEATH 5 Days 8 Days ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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? 5.702^H			
22. I hereby certify that I attended the deceased from 8-20-1953 , to 8-23-1953 , that I last saw the deceased alive on 8/22-1953 , and that death occurred at 5:17 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Rush Haynes m.d.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 8/25/53	
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 26, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. AUG 24 1953		REGISTRAR'S SIGNATURE J. Carl Smith m.d.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H., Inc., 1936 St. Louis Ave.			

S.P. (Licensed Embalmer's Statement on Reverse Side)

3720 Washington Blvd.

OFF. SE. 6204

Res PA 2117

2-14 pm

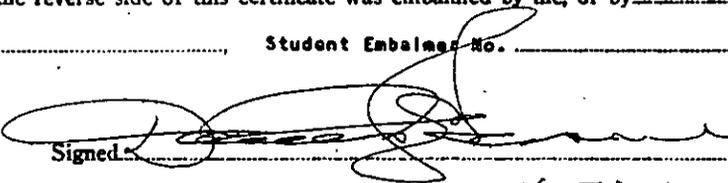
STATEMENT BY LICENSED EMBALMER

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: 

Licensed Embalmer No. 4520

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.