

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42278

FILED JAN 4 1954

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Cape Girardeau</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Cape Girardeau</u>	
c. LENGTH OF STAY (In this place) <u>16yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		d. STREET ADDRESS (If rural, give location) <u>925 Jefferson Ave.</u>			
3. NAME OF DECEASED				4. DATE OF DEATH		5. SEX	
a. (First) <u>Lebrecht</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Landgraf</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 28, 1870</u>		9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher (retired)</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>New Well, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Herman Landgraf</u>			
14. MOTHER'S MAIDEN NAME <u>Mathilda Naeser</u>		15. NAME OF HUSBAND OR WIFE <u>Mrs. Alvina Landgraf</u>				16. SOCIAL SECURITY NO. <u>500-18-7034</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alvina Landgraf</u>		18. ADDRESS <u>Cape Girardeau, Mo.</u>		19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES		DUE TO (b) <u>Coronary arterio sclerosis</u> <u>5 years</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>arterio sclerosis generalis</u> <u>15 years</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>June 1, 1946</u> to <u>Dec 25, 1953</u> , that I last saw the deceased alive on <u>12-25, 1953</u> , and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward D. Caspell M.D.</u>				23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>Dec. 26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/28/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pilgrims Rest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-27-53</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Cape Girardeau, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 22 1957

**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 *C. J. Loberg*

Licensed Embalmer No. *3810*

P. O. Address *Cape Girardeau, 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.