

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH18185  
State File No. ....BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4463**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>84 yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1929 Chippewa Street</b>		e. STREET ADDRESS (If rural, give location) <b>24 1929 Chippewa Street</b> <b>22490</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>Katherine</b>		c. (Last) <b>Landgraf</b>	
4. DATE OF DEATH <b>May 4, 1956</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 19, 1864</b>		9. AGE (in years last birthday) <b>91</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Household</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Fred Brennecke</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Buchroeder</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles Landgraf</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. May Hinters, 1929 Chippewa St.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Generalized arteriosclerosis</b> <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		19. INTERVAL BETWEEN ONSET AND DEATH <b>undet</b>	
20. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Generalized arteriosclerosis</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		21a. DATE OF OPERATION <b>450.0</b>		22. 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 <b>1948</b> , 19____, to <b>5/1/56</b> , 19____, that I last saw the deceased alive on <b>5/4/56</b> , 19____, and that death occurred at <b>10PM</b> m., from the causes and on the date stated above <b>7-56</b>					
23a. SIGNATURE <b>Dallas J. Dyer</b>		23b. ADDRESS <b>3915 Watson Rd.</b>		23c. DATE SIGNED <b>5/7/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5/8/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Churchyard</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BEIDERWIEDEN F. HOME, INC.</b>		25. ADDRESS <b>1936 St. Louis Ave.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 8 1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		(Licensed Embalmer's Statement on Reverse Side)	

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Delis J. Krupin*

Licensed Embalmer No. 34

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.