

STANDARD CERTIFICATE OF DEATH

State File No. **29674**

FILED SEP 4 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7779**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: rank place before admission.)
a. STATE **Missouri** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)
St. Louis
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **1442 N. 14th Street**
e. STREET ADDRESS (If rural, give location) **2257 01442 N. 14th Street**

3. NAME OF DECEASED (Type or Print)
a. (First) **Susie Landers** b. (Middle) _____ c. (Last) **Landers**
4. DATE OF DEATH (Month) (Day) (Year) **Aug. 15, 1957**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **March 7, 1900** 9. AGE (In years last birthday) **57** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Cook**
10b. KIND OF BUSINESS OR INDUSTRY **None**
11. BIRTHPLACE (City and State or Foreign Country) **Kose Ko, Mississippi**
12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Henry Williams** 13b. MOTHER'S MAIDEN NAME **Mary Jane Williams** 14. NAME OF HUSBAND OR WIFE **Frank Landers**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. **491-34-6320** 17. INFORMANT'S SIGNATURE OR NAME **Frank Landers** ADDRESS **1442 N. 14th St.**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Bronchial Asthma**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) **241x**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Seil Arteriosclerosis**
INTERVAL BETWEEN ONSET AND DEATH **Years**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 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 **May, 1953**, to **Aug 15, 1957**, that I last saw the deceased alive on **Aug 11, 1957**, and that death occurred at **6:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Carroll Henderson M.D.** (Degree or title) 23b. ADDRESS **1127 Pine St** 23c. DATE SIGNED **8/17/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **8/22/57** 24c. NAME OF CEMETERY OR CREMATORY **Washington Park** 24d. LOCATION (City, town, or county) (State) **Barkley, Missouri**

DATE REC'D BY LOCAL REG. **AUG 20 57** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** GENERAL DIRECTOR'S SIGNATURE **C. O. Joome** ADDRESS **1221 N. Grand Blvd.**

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 *Clarence Cressna*

Licensed Embalmer No. *475*

P. O. Address *1221 N. 6th*

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.