

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**38515**

STATE FILE NUMBER

**FILED OCT 16 1957**

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 2355

1. PLACE OF DEATH a. COUNTY <b>S T. LOUIS COUNTY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FERGUSON</b>		c. CITY OR TOWN <b>FERGUSON</b> <b>4119</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>467 N. ELIZABETH</b>		d. STREET ADDRESS (If outside, give location) <b>467 N. ELIZABETH</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>GEORGE H. LANDGRAF</b>		4. DATE OF DEATH Month Day Year <b>SEPTEMBER 21, 1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 11, 1897</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ACCOUNTANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FINANCE</b>	11. BIRTHPLACE (City and state or country) <b>NEW WELLS, MISSOURI</b>
13a. FATHER'S NAME <b>LEBRECHT LANDGRAF</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA SCHAUMLOEFFEL</b>	14. NAME OF HUSBAND OR WIFE <b>ELEANOR MUELLER</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, if unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>		16. SOCIAL SECURITY NO. <b>494-05-4002</b>	17. INFORMANT Address <b>MRS. ELEANOR LANDGRAF, FERGUSON, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>States Asthmaticus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Bronchial Asthma</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>241X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>8 yrs.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>10-22-54</u> to <u>9-19-57</u> and last saw him alive on <u>9-19-57</u> Death occurred at <u>7:30</u> Pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. Engleman, M.D.</u> (Degree or title)		22b. ADDRESS <u>1434 CHAMBERS RD.</u>	
		22c. DATE SIGNED <u>9-23-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>SEPT. 24, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>BEIDERWIEDEN F.H. INC. 1936 ST. LOUIS AVE.</b>		25. DATE RECD. BY LOCAL REG. <b>9-23-57</b>	26. REGISTRAR'S SIGNATURE <u>Herbert J. Donohue</u> <b>arc</b>

Dr. R. D. ENGELMAN  
1434 CHAMBERS RD.

1-8-PM

CHAMBERS v WEST FLORESANT

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 Philip J. Krispin  
Licensed Embalmer No. 3497  
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.