Health, Welfare Public Service

FILED JAN 30 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001837

STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 5

300 4
-57

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Hillsboro — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cedar Grove Nursing Home — Length of stay in 1b 2 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Affton 4 ave — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4837 Hanover Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MARGARET Middle Last LANDOLT

4. DATE OF DEATH Month Jan. Day 18 Year 1959

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH Feb. 23, 1867

9. AGE (In years last birthday) 91 — 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) Housework

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Germany 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown Fell

13b. MOTHER'S MAIDEN NAME Pauline M. Weber

14. NAME OF HUSBAND OR WIFE Fredolin Landolt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Margaret Christman 4837 Hanover Av.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 3 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 May 1958, to 1-18-59 and last saw her alive on 1-12-59
Death occurred at 7:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Daake M.D.

22b. ADDRESS 3606 Gravois St. Louis

22c. DATE SIGNED 1-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Jan. 21, 1959

23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway

25. DATE RECD. BY LOCAL REG. 1-20-59

26. REGISTRAR'S SIGNATURE Cleta Bourdier, Dep

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 30 1955

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 ..... Signed William G. White
Signature of Student Embalmer

Licensed Embalmer No. 1291
P. O. Address 4228 Kingsbury

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.