

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005060

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 54

300
-57

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HERMANN 63716 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE FRANCIS HOSPITAL		Length of stay in lb 22 HRS	d. STREET ADDRESS (If outside, give location) 221 E. FIRST ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last IGNATIUS MORITZ LANDOLT			4. DATE OF DEATH Month Day Year FEB-21-1959			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG-1-1886	9. AGE (In years last birthday) 72	10. FUNDERS 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	10b. KIND OF BUSINESS OR INDUSTRY RETAIL	11. BIRTHPLACE (City and state or country) ST. LOUIS MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME JOHN LANDOLT	13b. MOTHER'S MAIDEN NAME ANNA WEBER	14. NAME OF HUSBAND OR WIFE GRACE LANDOLT
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 483-07-2568	17. INFORMANT Address MRS GRACE LANDOLT HERMANN MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UPPER GASTROINTESTINAL HEMORRHAGE 1 DAY DUODENAL ULCER		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		5410
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIO SCLEROTIC HEART DISEASE		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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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
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21. I attended the deceased from 1954 to 2-21-59 and last saw her/him alive on 2-21-59 Death occurred at 2:55 p. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22. SIGNATURE (Degree or title) George M. Workman M.D.	22b. ADDRESS HERMANN MO	22c. DATE SIGNED 2-23-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/25/59	23c. NAME OF CEMETERY OR CREMATORY ST. GEORGE CEMETERY	23d. LOCATION (City, town, or county) (State) HERMANN MO
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24. FUNERAL DIRECTOR HUGO H. BLUMER	ADDRESS HERMANN MO	25. DATE RECD. BY LOCAL REG. 2/25/59	26. REGISTRAR'S SIGNATURE J.P. Schumann
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS MAR 10 1954

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 *Hugot Lemmer*

Licensed Embalmer No. *3160*
P. O. Address *Herrmann No*

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.