

# JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 15 1960

-60-023725

STATE FILE NUMBER

Registration District No. 181 Primary Registration District No. 5676 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> COUNTY <b>??</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Millwood Twp.</b>		Length of stay in 1b <b>4 Hrs</b>		c. CITY OR TOWN <b>Granite City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Farm Residence</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rt1, Box 465</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Herman J. Landwehrmeier</b>				4. DATE OF DEATH <b>July 4, 1960</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>5/19/99</b>			
				9. AGE (last birthday) <b>61</b>		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Farming</b>		11. BIRTHPLACE (City and state or country) <b>Collinsville, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Fred Landwehrmeier</b>			13b. MOTHER'S MAIDEN NAME <b>Wilhemina Reimler</b>			14. NAME OF HUSBAND OR WIFE <b>Myrtle Strackeljahn Landwehrmeier</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>			16. SOCIAL SECURITY NO. <b>319-28-9626</b>		17. INFORMANT <b>Myrtle Landwehrmeier, Granite City, Ill.</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) <b>Fractured Cervical Vertebra</b>							INTERVAL BETWEEN ONSET AND DEATH <b>5 Min.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fall from ladder against House.</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)									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>Subject was roofing house, Ext. Ladder was</b>					
20c. TIME OF INJURY <b>10:15</b>		Hour <b>XX</b> Month, Day, Year <b>7/4/60</b>		<b>not locked, Ladder slipped and came down, Subject landed on head, Snapping neck.</b>					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Farmhouse</b>		20f. CITY, TOWN, OR LOCATION <b>Millwood Twp. Lincoln, Missouri.</b>		COUNTY		STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ † Death occurred at <b>10:20 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Joseph J. Marsh Sr.</i> (Degree or title) <b>CORONER</b>				22b. ADDRESS <b>Troy, Missouri</b>			22c. DATE SIGNED <b>7/5/60</b>		
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7/5/60</b>		23c. NAME OF CEMETERY OR CREMATOR <b>Sunset Hill</b>		23d. LOCATION (City, town, or county) <b>Granite City, Ill.</b>			
24. FUNERAL DIRECTOR <b>Mercer Funeral Home, Granite City, Ill.</b>			ADDRESS		25. DATE RECD. BY LOCAL REG. <b>7/7/1960</b>		26. REGISTRAR'S SIGNATURE <i>Mrs. Clarence Kientz</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 26 1960

JAN 12 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed

*Joseph J. Mare*

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.