

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040413

FILED VS OCT 24 1960

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 3019

STATE FILE NUMBER

INDEXED ✓

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) University City		Length of stay in 1b MONS.	c. CITY OR TOWN University City St Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7120 Waterman		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7120 Waterman

3. NAME OF DECEASED (Type or print) First Lt. Col. Arnell Middle M. Last Landerdahl			4. DATE OF DEATH Month Oct. Day 15 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	8. DATE OF BIRTH 7-25 1903	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chaplain		10b. KIND OF BUSINESS OR INDUSTRY U.S. Army	11. BIRTHPLACE (City and state or country) Dawson Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Andrew Peter Landerdahl		13b. MOTHER'S MAIDEN NAME Thilda Kjellberg		14. NAME OF HUSBAND OR WIFE Venice Julia Landerdahl	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) U.S. Army		16. SOCIAL SECURITY NO. 340-32-1780		17. INFORMANT Mrs Venice Landerdahl 7120 Waterman	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 2 min 5 min
IMMEDIATE CAUSE (a) Cardiovascular collapse			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) myocardial infarction		
DUE TO (c) arteriosclerotic heart disease			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatic heart disease			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m.	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <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 Jan 1960 to Oct 14 1960 and last saw her alive on Oct 14 1960
Death occurred at 10:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William W. Riggs, capt MC		22b. ADDRESS 4145 Magnolia - St Louis, Mo		22c. DATE SIGNED 16 Oct 60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/18/60	23c. NAME OF CEMETERY OR CREMATORY Arlington National Cemetery		23d. LOCATION (City, town, or county) (State) Arlington Va.

24. FUNERAL DIRECTOR Louis H. Bopp, Inc. Kirkwood 22 Mo.	25. DATE RECD. BY LOCAL REG. 10-17-60	26. REGISTRAR'S SIGNATURE John B. Marpley M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Francis J. Weyland
Licensed Embalmer No. 4512

P. O. Address Kirkwood,

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.