S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

40384

State File No. 0

FILED DEC 8 1947

Registration District No. 1947

Primary Registration District No. 3063

Registrar's No. 2502

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County St. Louis County

(b) City or town CLAYTON, MO. 630 WESTWOOD DR.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether
In this community —
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County St Louis 96

(c) City or town ~~St Louis~~ MO. CLAYTON 2
(If outside city or town limits, write "RURAL")

(d) Street No. 630 WESTWOOD DRIVE 3
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country — USA

3. (a) PRINT FULL NAME LOUIS LANDWEHR.

3. (b) If veteran, name war NONE.

3. (c) Social Security No. NONE.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY NADINE BARNES LANDWEHR

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased OCTOBER (Month) 11 (Day) 1861 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 86 | 1 | 21 | — hr. — min. |

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation RETIRED.

11. Industry or business DRY GOODS MERCHANT

FATHER
12. Name WM. LANDWEHR. 4
13. Birthplace GERMANY. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name E. STUMPE.
15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant WM. LANDWEHR.
(b) Address 630 WESTWOOD DR.

17. (a) Interrment. (Burial, cremation, or removal) (b) Date thereof 12/3/47. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Blvd.,

19. (a) 12-3-47 (Date received local registrar) (b) [signature] MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month DECEMBER 2ND year 1947 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from JANUARY 10th 1946 to DECEMBER 2nd 1947; that I last saw him alive on DECEMBER 2ND 1947, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death MYOCARDITIS | 1 YEAR |
| Due to ARTERIAL SCLEROSIS | 5 YRS. |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

93 D

Major findings:
Of operations NONE.
Of autopsy NONE.

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? NONE (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Scott Heuer MD. (M. D. or other) MD.
Address 634 N. GRAND St Louis Mo. Date signed 12-2-47.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Scott Heuer
634 No. Grand.
JE 8411
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## 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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, Mo.

**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 this body is not embalmed, fact should be so stated above.**