

S. No. 2
M-2-43
v. 5-17-39
X35957

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34572**

Registration District No. **316**

Primary Registration District No. **3059**

Registrar's No. **336**

1. PLACE OF DEATH:
 (a) County **St. Francois**
 (b) City or town **Bonne Terre, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
203 So. B. St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Francois**
 (c) City or town **Bonne Terre** **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. **W. St. 1**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No) **0**
 If yes, name country.....

3. (a) PRINT FULL NAME **LENA MAGJALINE LANDOLT**
 (b) If veteran, name war **✓**
 (c) Social Security No. **✓**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **20th**
 year **1946** hour **7** minute **45 P.** M.

4. Sex **F** **1** **5. Color or race** **W.**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Fred Landolt**
6. (c) Age of husband or wife if alive **4** years

21. I hereby certify that I attended the deceased from **Oct. 16**
1946, to **Oct 20**, **1946**
 that I last saw her alive on **Oct 20**, **1946**
 and that death occurred on the date and hour stated above.

7. Birth date of deceased **Jan. 5 1855**
(Month) (Day) (Year)
8. AGE: Years **91** Months **9** Days **15**
If less than one-day hr. min.

Immediate cause of death:
Cardio-vascular collapse
 Due to **arteriosclerosis of extreme age**
 Due to.....
 Other conditions:
(Includes pregnancy within 3 months of death)

9. Birthplace **St. Louis Co. Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired**
11. Industry or business
12. Name **George Molt**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Wernier**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations **93D**
 Of autopsy.....
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. William Benz**
(b) Address **203 So. B. Bonne Terre Mo**
17. (a) Burial (b) Date thereof **Oct 29, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **C. J. Lemley**
18. (a) Signature of funeral director **Benham**
(b) Address **313 Benham Bonne Terre Mo**
19. (a) 10-23-46 (b) **Ether Rudloff**
(Date received local registrar) (Registrar's signature)

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?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work?..... (Specify type of place)
 (e) Means of injury.....
23. Signature **W. Marviti** (M.D. or other) **DD**
 Address **Bonne Terre Mo** Date signed **10/24/46**

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

33333

289

(Licensed Embalmer's Statement on Reverse Side)

FIVED

Health Officer No. 4
District File Number 1046-2792
Date Filed 10-28-46

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 G. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonne Terre, 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.