

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

41703

**1. PLACE OF DEATH**

County ..... Registration District No. 3911  
 Township ..... Primary Registration District No. 7  
 City St. Louis (No. 5391 N. Kingshighway) St. 7 Ward 7

File No. 10772  
 Registered No. 10772

**2. FULL NAME**

(a) Residence, No. 5391 N. Kingshighway St. 7 Ward 7  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband of Mary Krantz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 17, 1848</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>3</u>
	DAYS <u>17</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Ins. Agent</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>May 1926</u>	
	11. Total time (years) spent in this occupation. <u>35 yrs.</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Posen Germany 10</u>	
	13. NAME <u>Leard Krantz</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Germany</u>	
	15. MAIDEN NAME <u>Not known</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Germany</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. Mary Krantz 5391 N. Kingshighway</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Lebanon</u> DATE <u>Dec. 6, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Blueberry &amp; Sons 3924 N. 2d St.</u>		
20. FILED <u>5-5-1933</u> <u>May C. Stanley</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1932, to Dec 4, 1932

I last saw him alive on Dec 4, 1932 Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify

(Signed) Henry C. Westernman, M. D.  
 (Address) 2136 E. Grand Blvd.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WITH UNFOLDING INK—THIS IS A PERMANENT RECORD

2136 87 8/11

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