WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

FEB 11 1936

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

Do not use this space.

3408

791

1. PLACE OF DEATH

County..... Registration District No. 1008 File No.....

Township..... Primary Registration District No..... Registered No. 640

City St Louis Mo (No. 4475 Delmar Ave St. ..... Ward)

2. FULL NAME John F. Schranz

(a) Residence, No. 4475 Delmar St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Young Schranz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 - 1883

7. AGE: YEARS 52 MONTHS 2 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year) July 1932
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

FATHER

13. NAME Samuel Schranz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

MOTHER

15. MAIDEN NAME Johanna Schranz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

17. INFORMANT (ADDRESS) Bertha Schranz 4475 Delmar

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker DATE Jan 18 35

19. UNDERTAKER (ADDRESS) Henry L Weidenmuller 6203 Gravois

20. FILED JAN 17 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan. 9, 1936 to Jan. 16, 1936
I last saw him alive on Jan 15, 1936. Death is said to have occurred on the date stated above, at 1255 P.
The principal cause of death and related causes of importance were as follows:

Tuberculosis (Pulmonary) 23

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) E. M. Ledkins, M. D.
(Address) 3012 Lafayette