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.

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22592

Township ..... Primary Registration District No. 1003 Registered No. 6344

City St. Louis (No. ....., 4849a Penrose St. St. ..... Ward)

2. FULL NAME Kranz, Joseph

(a) Residence, No. 4849a Penrose St. St., 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 14 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): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Ida Kranz, Decsd.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1872

7. AGE: 64 YEARS, MONTHS: 9, DAYS: 14, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Finisher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supervisor Lammert Furniture Co
10. Date deceased last worked at this occupation (month and year) June 15, 1937 Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Herman Kranz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Caroline Unland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Roy Kranz (Son) 4849a Penrose St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Calvary Cem. DATE July 1, 1937

19. UNDERTAKER (ADDRESS) Kraeger-Voss-Fix 3402 No. Kingshighway

20. FILED JUN 30 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/27, 1937, to 6/29, 1937

I last saw him alive on 6/28, 1937. Death is said to have occurred on the date stated above, at 4:00 A.m.

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

	Date of onset
Chr. Myocarditis	

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Other contributory causes of importance:

Arteriosclerosis
Chr. Nephritis

Name of operation — Date of —

What test confirmed diagnosis? Exam 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) Andrew G. Klein, M. D.

(Address) 3531a Delor.

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