

R 27 1939

REC'D MAY 11 1939

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

16086  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 784  
(b) Township \_\_\_\_\_ Primary Registration District No. 106  
(c) or Kirkwood, City \_\_\_\_\_ Registered No. 761  
(d) Street No. 1758 Janet, Pl. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME EMMA KRANZ.

(a) Residence, No. 2911 Connecut, St., St. Louis, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Frank Kranz.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14th 1876

7. AGE YEARS 62 MONTHS 6 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

FATHER 13. NAME (unknown) Werenberg.

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

17. INFORMANT Wm. H. Bruggere. (ADDRESS) 1758 Janet, Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park Cem. DATE April 25th 1939

19. FUNERAL DIRECTOR (NAME) C. K. LUPTON & SONS, INC. (ADDRESS) 7233 Delmar, Blvd. University City

20. FILED APR 27 1939 S. R. Meyer, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1939 to Apr 27 1939

I last saw him alive on Apr 26 1939 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma Liver Primary Date of onset 1938

Other contributory causes of importance: 46

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? P.D. Was there an autopsy? Yes

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

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.

JE-7534  
Hrs-1-3 P.M.

Dr. C.H. Leslie.  
555 N. Sapington  
Kirkwood-1526  
Hrs 1:30- 3 P.M.

**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 Ludford A Miles  
Licensed Embalmer No. 2901  
P. O. Address St Louis 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, above space should be left blank.**