AUG APR 15 1940

S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8883

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2366

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 61 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 20
(If outside city or town limits write "RURAL")

(d) Street No. 3723 NORTH 25TH
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Richard Rosenkranz

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kathryn Rosenkranz

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July (Month) 24th. (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
61	7	16	hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Harness Maker

11. Industry or business Unemployed

MOTHER FATHER

12. Name Otto Rosenkranz

13. Birthplace (City, town, or county) Austria (State or foreign country)

14. Maiden name Josephi Schwendinger

15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Kathryn Rosenkranz

(b) Address 3723 N. 25th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Provost Mud Co.

(b) Address 3710 N. Grand Blvd.

19. (a) MAR 11 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1940 hour 3:37 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 26, 1940 to March 10, 1940; that I last saw him alive on March 10, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral vascular accident	
Hemiplegia, CNS lues.	
Due to	
Due to	
Other conditions Broncho pneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 Alf Mueller (M. D. or other)

Address BARNES HOSPITAL Date signed 3/10/40

(Licensed Embalmer's Statement on Reverse Side)

JRB.

Provost

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 Me, Registered Apprentice No., working under my personal supervision.

Signed Robert L. Dinkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd.

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.