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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37019

Registration District No. 791 DEC 11 1940

Primary Registration District No. 1003

Registrar's No. 9292

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: Lutheran Convalescent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 3 (Specify whether In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4959 Taft 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank Kranz

3. (b) If veteran, name war

3. (c) Social Security No. 488-03-1982

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Emma

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

7. Birth date of deceased Dec 25 1872 (Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 16 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Truck body mfr.

11. Industry or business 1

FATHER
12. Name Henry Kranz
13. Birthplace Rochester (City, town, or county) New York (State or foreign country) 1

MOTHER
14. Maiden name Rockrus
15. Birthplace Not known (City, town, or county) New York (State or foreign country)

16. (a) Informant Wm H. Bruggere
(b) Address 1758 Janet P. St. Graves

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/13/40 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood park

18. (a) Signature of funeral director John L. Ziegenheim & Sons
(b) Address 7027 Gravois

19. (a) NOV 12 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day Nov year 1940 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from August, 1939, to November, 1940; that I last saw him alive on November 10th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the bronchus — Duration 15 months

Due to

Due to

Other conditions Terminal uremia x Terminal bronchopneumonia x Inanition
(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? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature Dan W Myers (M. D. or other) M.D.
Address 319 University Club Date signed 11/12/40

(Licensed Embalmer's Statement on Reverse Side)

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.