S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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. 16189

MAY 28 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4271

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: DesLoge Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)
In this community 39 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 099 17
(c) City or town St. Louis 9 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4415 N. 20th St. 0
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alois Granitz

3. (b) If veteran, name war None

3. (c) Social Security No. 488-03-1879

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Magdalène Granitz nee Gabriel

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 9, 1877 (Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation Tanner Hermann Oak Co.

11. Industry or business

FATHER
12. Name ? Granitz
13. Birthplace Unknown (City, town, or county) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Magdaline Granitz
(b) Address 4415 N. 20th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave.

19. (a) MAY 15 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1942 hour 12:10 PM minute M.

21. I hereby certify that I attended the deceased from July 8, 1940, to May 13, 1942, that I last saw him alive on 5/13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism — Duration 5 min

Due to: Blood clot, source unknown

Due to:

Other conditions (Include pregnancy within 3 months of death): Carcinoma of renal pelvis (left) primary site

Major findings:
Of operations: Implanted carcinoma in ureter, left + bladder
Of autopsy: Pulmonary embolus, due to blood clot, source not found

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

23. Signature William F. Melick (M. D. [redacted] 0)
Address Firmin DeLoge Hosp. Date signed 5/14/42

344 (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 Francis A. Williamson

Licensed Embalmer No. 3565

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, fact should be so stated above.