DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16198

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4714

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:
5819 Loran
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 20 yrs.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 14 000 17 9

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

(d) Street No. 5819 Loran
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Modell Ann Gritzer

3. (b) If veteran, name war .....

3. (c) Social Security No. 486-20-4652

4. Sex female

5. Color or race White

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

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

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

7. Birth date of deceased May (Month) 12 (Day) 1920 (Year)

8. AGE: Years 22 | Months 0 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Reyville (City, town, or county) Louisiana (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Coffee business

FATHER
12. Name Andrew Gritzer
13. Birthplace Mt. Olive (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Olga Sandner
15. Birthplace Mt. Olive (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Andrew Gritzer
(b) Address 5819 Loran

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation N. S. S. Peter & Paul

18. (a) Signature of funeral director John J. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) MAY 29 1942 (Date received local registrar) ..... (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 27
year 1942 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 15, 1942 to May 27, 1942
that I last saw him alive on May 27th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Infective Endocarditis
Due to Hemolytic Streptococcus Infection
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....

Duration 2½ mos.

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 .....

23. Signature W. A. Goldberg (M. D. or other)
Address 4724 Gravois Date signed 5/29/42

(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 wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

V. S. No. 2B
1021—8-21-41
7 X29288

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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: .....
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community 20 yrs

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County .....

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

(d) Street No. 5819 Loran
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Modell A. Gritzer

3. (b) If veteran, name war .....

3. (c) Social Security No. 486-20-4652

4. Sex F

5. Color or race W

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

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

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

7. Birth date of deceased May-19-1922 (Month) (Day) (Year)

8. AGE: Years 22 | Months – | Days | If less than one day hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

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

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) JUL 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May Day 27 year 1942 hour 03 minute 50 A.M.

21. I hereby certify that I attended the deceased from ..... 19..., 19...; that I last saw him alive on ..... 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death ..... | |
| Due to ..... | |
| Due to ..... | |
| Other conditions (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 .....

23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY

1.942
5-16198