

FILED NOV 23 1942 8

Registration District No. Primary Registration District No. 1003

Registrar's No. 9590

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 53-3-28 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
17

(c) City or town St Louis Mo 926
(If outside city or town limits, write "RURAL")

(d) Street No. 2028 Angelica St
(If rural, give location)

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

3. (a) PRINT FULL NAME Casper ~~XXXX~~ - Kranz

3. (b) If veteran, name war No

3. (c) Social Security No 6487-22-5628

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14,
year 1942 hour 6:30 minute P.

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 16, 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 13, 1942 to November 14, 1942
that I last saw him alive on November 14, 1942
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>53</u> | <u>3</u> | <u>28</u> | hr. min. |

Immediate cause of death
Carcinomatosis - Summary
cause undetermined.

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death)

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

10. Usual occupation Chauffer

11. Industry or business.....

12. Name Herman Kranz

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

14. Maiden name.....

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

Major findings:
Of operations.....

Of autopsy Refused

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

16. (a) Informant Mary Kranz

(b) Address 2028 Angelica St

17. (a) Burial (b) Date thereof 11-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Galvery Cemetery

18. (a) Signature of funeral director Bordhart & Bordhart

(b) Address 2228 St Louis Ave

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

While at work (Specify type of place) (c) Means of injury.....

23. Signature J S Hopson et al (D. or other)
Address 1515 Lafayette Avenue Date signed 11/16/42

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

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

Charles Goodhart

Licensed Embalmer No. 3777

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.