

FILED MAY 18 1943

Registration District No. 318

Primary Registration District No.

Registrar's No.

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:  
4935 Holly Hills Ave.,  
(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.....  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... Helen C. Stranz,

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

4. Sex..... Female, 5. Color or face..... White

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

6. (b) Name of husband or wife..... Louis J. Stranz,

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

7. Birth date of deceased..... May 17, 1898  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>11</u>	<u>20</u>	.....hr. ....min.

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

10. Usual occupation..... At Home,

11. Industry or business.....

12. Name..... J. Stanley Kresyman,

13. Birthplace..... Poland, 4  
(City, town, or county) (State or foreign country)

14. Maiden name..... Pelagia Kenski,

15. Birthplace..... Don't Know, 9  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Louis J. Stranz,

(b) Address..... 4935 Holly Hills Ave.,

17. (a) Burial, (b) Date thereof..... May 1943,  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation..... New SS. P. & P. Cem.

18. (a) Signature of funeral director..... Helen C. Stranz  
(City, town, or county)

(b) Address..... 2842 Meramec St.,

19. (a) MAY 11 1943 (Date received local registrar)

J. J. Budek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri, (b) County..... 000 12

(c) City or town..... St. Louis, 92  
(If outside city or town limits, write "RURAL")

(d) Street No..... 4935 Holly Hills Ave.,  
(If rural, give location)

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

If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 7  
year..... 1943 hour..... 11: minute..... 55 A. M.

21. I hereby certify that I attended the deceased from..... May 7, 1941, to May 7, 1943  
that I last saw her alive on..... May 5, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Bowel Obstruction

Due to..... Carcinoma of intestine (Secondary)

Due to..... Carcinoma of uterus (Primary)

Other conditions..... HO  
(Include pregnancy within 3 months of death)

Major findings: Primary Carcinoma of uterus, w/m metastasis to intestine (May 1941)

Of operations.....

Of autopsy.....

Duration

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) Means of injury.....

23. Signature..... Roman Stranz (M. D. or other)

Address..... 4520 V. 19. 19. 9 Date signed..... 5-8-43

**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.....

Licensed Embalmer No.....

4249

P. O. Address..... 2842 Meramec St.,  
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.**