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17-39
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FILED DEC 24 1946

State File No.

Registration District No. 317

Primary Registration District No. 2062

Registrar's No. 3505

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
561 Purdue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. 561 Purdue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME BERNARD J. KRANSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith Kranson 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12th year 1946 hour 1 minute 36 P.M.

21. I hereby certify that I attended the deceased from August 1944, to December 12, 1946 that I last saw him alive on December 12th, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

About 49 hr. min.

Immediate cause of death Coronary occlusion Duration 36 hours

Due to arteriosclerotic heart disease 93d 4 yrs.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Salesman

11. Industry or business Chemical

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Joseph L. Kranson

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

14. Maiden name Carrie Schwartzberg

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

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? _____

16. (a) Informant Mrs. Bernard Kranson

(b) Address 561 Purdue

17. (a) Burial (b) Date thereof 12-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'nai Amoona Cem.

23. Signature Herrington W. Meyer (M. D. or other) MD

Address 608 N. Grand Date signed 12/13/46

While at work? _____ (Specify type of place) _____

(c) Means of injury _____

18. (a) Signature of funeral director [Signature]

(b) Address 5216 Delmar Blvd

19. (a) 12-16-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MAY 9 1947

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 *J.P. Burgess*.....

Licensed Embalmer No. *4029*.....

P. O. Address.....

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.