

Registered District No. 377

Primary Registration District No. 3069

Registrar's No. 842

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Richmond Heights
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2-days
 In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rev. Leo Krenz, S.J.

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. 11

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

7. Birth date of deceased April 30th., 1865
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
81 11 13 hr. min.9. Birthplace Henry, Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Catholic Priest

11. Industry or business

12. Name Joseph N. Krenz13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Margaret Schaefer
(City, town, or county) (State or foreign country)15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Rev. Valantine Roche(b) Address 221 N. Grand Blvd.17. (a) Burial (b) Date thereof 4-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Pius, Mo.18. (a) Signature of funeral director Arthur J. Donnelly(b) Address 3840 Lindell Blvd.19. (a) 4-15-47 (b) Leo Krenz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 221 N. Grand Blvd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th.,
year 1947 hour 1, minute 30 p. M.21. I hereby certify that I attended the deceased from
April 8, 1947, to April 13, 1947
that I last saw him alive on April 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Nemopericardium
due to Rupture of Left Ventricle
following thrombosis of Coronary artery
 Due to Atherosclerosis
Heart Disease
 Due to 9:30

Duration
5-6 hours
4 days
inpatient

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operationsOf autopsy Confirmed diagnosis
given above

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) (e) Means of injury 123. Signature J. O. Brown (M. D. or other) MD
Address 1325 S. Grand Blvd Date signed 4/14/47

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 W H Vanmatre.....

Licensed Embalmer No. 2825.....

P. O. Address 4340 Lafayette.....

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, above space should be left blank.