S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14324

FILED MAY 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4166

WRITE PLAINLY—USING 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: 210 E. FERRY ST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NIL (Specify whether
In this community 70 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Oao

(c) City or town ST. LOUIS, MO 17
(If outside city or town limits, write "RURAL")

(d) Street No. 210 E. FERRY ST 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM KRATZ

3. (b) If veteran, name war NIL

3. (c) Social Security No. NONE

4. Sex M. O

5. Color or race W.

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

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

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

7. Birth date of deceased SEPT. 24, 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	7	9	hr. min.

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

10. Usual occupation COAL PASSER

11. Industry or business CITY WATER WORKS

FATHER
12. Name CHARLES KRATZ 4
13. Birthplace UNK. GERMANY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNK.
15. Birthplace UNK. GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant HARRY REAPER
(b) Address 1103 O'BEAR AVE

17. (a) BURIAL (b) Date thereof 5/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FRIEDENS

18. (a) Signature of funeral director Sue Smeyer
(b) Address 3934 N. 20 St.

19. (a) MAY 3 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3
year 1948 hour 8 minute 30 a M.

21. I hereby certify that I attended the deceased from Sep 1, 1947 to May 3, 1948
that I last saw him alive on May 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of throat and rectum

Due to (throat and rectum)-Primary in throat

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 [illegible] (M. D. or other) M. D.

Address 1918 Eastgrove Date signed

Jefferson City Printing Co.

(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 Neville B. Grodwitt

Licensed Embalmer No. 3696.

P. O. Address 3934 N. 20th St.

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.