No. 300
10.48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11582

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6096 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Manchester
c. LENGTH OF STAY (In this place): 6-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Manchester Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Creve Coeur 4730
d. STREET ADDRESS (If rural, give location): 73 Old Ballas Road 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Emil
c. (Last): Stranz

4. DATE OF DEATH (Month) (Day) (Year): Jan. 19, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 14, 1871
9. AGE (In years last birthday): 81 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Steam Shovel
10b. KIND OF BUSINESS OR INDUSTRY: Operator
11. BIRTHPLACE (State or foreign country): Creve Coeur, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Emil Stranz
13b. MOTHER'S MAIDEN NAME: Mary Mild
14. NAME OF HUSBAND OR WIFE: Augusta W. Dcd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Albert E. Stranz Creve Coeur, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lt hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chr. myocarditis
DUE TO (c): Chr arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 422.1
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19 46, *to* Jan 19, 19 52, *that I last saw the deceased alive on* Jan 19, 1952, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C H Denny MD
23b. ADDRESS: Creve Coeur, Mo
23c. DATE SIGNED: 1-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-22-1952
24c. NAME OF CEMETERY OR CREMATORY: Hiram Burial Park
24d. LOCATION (City, town, or county) (State): Creve Coeur, Mo.

DATE REC'D BY LOCAL REG.: 1-22-52
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Baumann Bros Inc 2504 Woodson Rd Overland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 3457

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed David E. Gibson

Licensed Embalmer No. 3457

P. O. Address Laurel and 14 T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.