

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43570

State File No. _____

FILED JAN 10 1953

318

1003

Registrar's No. 11612

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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. 11612 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR UNIVERSITY CITY | | 4356 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) 1129 E. PARKEDGE | | | |
| 3. NAME OF DECEASED (Type or Print) BEVERLY | | a. (First) | | b. (Middle) | | c. (Last) KRANZBERG | |
| 4. DATE OF DEATH (Month) (Day) (Year) 12-17-1952 | | 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | |
| 8. DATE OF BIRTH OCT. 18-1925 | | 9. AGE (In years last birthday) 27 | | 10. MONTHS 1 | | 11. DAYS 29 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME LEOPOLD GROSSBERG | | 13b. MOTHER'S MAIDEN NAME DOREEN MEYERS | | 14. NAME OF HUSBAND OR WIFE MAURICE B. KRANZBERG | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. UNKNOWN | | 17. INFORMANT'S SIGNATURE OR NAME MAURICE B. KRANZBERG 1129 E. Parkedge Parkedge | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. metastases to lungs. | | 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 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) _____ | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 173X | | 22. I hereby certify that I attended the deceased from Nov 14 1952 to 12-17 1952, that I last saw the deceased alive on 12-17 1952, and that death occurred at 4 a m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Michael M. Keil, M.D. | | 23b. ADDRESS Jewish Hosp. | | 23c. DATE SIGNED 12-17-52 | | 23d. NAME OF CEMETERY OR CREMATORY B'NAT AMOON CEMETERY | |
| 23e. LOCATION (City, town, or county) (State) ST. LOUIS CO. | | 23f. DATE 12-19-1952 | | 23g. NAME OF CEMETERY OR CREMATORY ST. LOUIS CO. | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE 12-19-1952 | | 24c. NAME OF CEMETERY OR CREMATORY B'NAT AMOON CEMETERY | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. | |
| DATE REC'D BY LOCAL REG. DEC 17 1952 | | REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE & CO. ADDRESS Walter R. Oberman, 5216 Delmar | | | |

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Peter J. Dubouche

Licensed Embalmer No. 369

P. O. Address *Rehner, N.Y.*

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.