

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44841

State File No. _____

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6077 Registrar's No. 88

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

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY OR TOWN <u>RURAL BEAUVIS</u>	c. LENGTH OF STAY (In this place) <u>LIFE</u>	c. CITY OR TOWN <u>RURAL BEAUVIS</u> ⁹⁵⁰	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STE. GENEVIEVE RR #1</u>		d. STREET ADDRESS (If rural, give location) <u>STE. GENEVIEVE RR #1</u>	

3. NAME OF DECEASED a. (First) <u>ANDREW</u>		b. (Middle) <u>KRAENZLE</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 30 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV 20 1870</u>		9. AGE (In years last birthday) <u>83</u>	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) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>WEINGARTEN MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>ANTON KRAENZLE</u>		13b. MOTHER'S MAIDEN NAME <u>GERTRUDE HOOGL</u>		14. NAME OF HUSBAND OR WIFE <u>CATHERINE MAEGER</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Kraenzle R.R.#1</u>		ADDRESS <u>STE. GENEVIEVE</u>	
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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) <u>Cerebral Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>				<u>2</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>334X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____	

22. I hereby certify that I attended the deceased from Nov. 19, 1951, to Dec 30, 1953, that I last saw the deceased alive on Dec. 19, 1953, and that death occurred at 1:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rb. Landung M.D.</u> (Degree or title)		23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>12/31/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JAN 2 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART</u>		24d. LOCATION (City, town, or county) (State) <u>0 ZORA MO</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 30, 1953</u>		REGISTRAR'S SIGNATURE <u>Guille Basler</u> <u>481</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Buler Ste. Genevieve Mo</u>		ADDRESS _____	
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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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve

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.