

STANDARD CERTIFICATE OF DEATH

State File No. **2993**
0605

FILED FEB 2 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 12 4515 Maryland Ave. 0	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) _____ c. (Last) KRONZBERG			4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1954		
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 11, 1907		9. AGE (In years last birthday) 46		10. IF UNDER 1 YEAR: Months 1 Days 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Produce		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Sam Kronzberg		13b. MOTHER'S MAIDEN NAME Ida Shank		14. NAME OF HUSBAND OR WIFE Bobbie Kronzberg	
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 ADDRESS Mrs. F. Kronzberg - 4515 Maryland	

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) Acute coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary disease DUE TO (c) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 4201	

22. I hereby certify that I attended the deceased from **1/19**, 19**54**, to **death**, 19**54**; that I last saw the deceased alive on **1/18**, 19**54** and that death occurred at **12 m.** on **1/19**, 19**54**, from the **above** cause on the date stated above.

23a. SIGNATURE (Degree or title) Edward Messer M.D.		23b. ADDRESS 457 N. Kings highway		23c. DATE SIGNED 1/19/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/20/54		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					

DATE REC'D BY LOCAL REG. JAN 20 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf, Inc., 5216 Delmar	
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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

John Kettler

Licensed Embalmer No. 3880

P. O. Address _____

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.