

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9832**  
Registrar's No. **2254**

FILED MAR 31 1955

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2254</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) <b>73 yrs</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DE PAUL HOSPITALS</b>				8. STREET ADDRESS (If rural, give location) <b>1532 SELLS</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HERMAN</b> b. (Middle) <b>J.</b> c. (Last) <b>KRANZ</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 9 1955</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Cay.</b>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		9. AGE (In years last birthday) <b>73</b> # UNDER 1 YEAR Months _____ Days _____ # UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINIST</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LINCOLN ENGINEERS</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>HERMAN KRANZ</b>		13b. MOTHER'S MAIDEN NAME <b>CAROLINE UNLAND</b>		14. NAME OF HUSBAND OR WIFE <b>ANNA KRANZ</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>499105-4994</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. ANNA KRANZ</b> ADDRESS <b>1532 SELLS</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac failure</b> DUE TO (c) <b>Right Hydrothorax</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3d</b> <b>3d</b> <b>4d</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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? <b>493X</b>			
22. I hereby certify that I attended the deceased from <b>July 26</b> , 19 <b>50</b> , to <b>Mar. 9</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>Mar 9, 1955</b> , and that death occurred at <b>1 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. J. Horvath</b> (Degree or title) <b>MD.</b>				23b. ADDRESS <b>8702 Riverview</b>		23c. DATE SIGNED <b>3-11-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MARCH 12 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETARY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>MAR 12 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred Meyers</b> ADDRESS <b>3934 N. 20th</b>			

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.....  
Signature of Student Embalmer

Signed *Gustav W. Dietrich*.....

Licensed Embalmer No. *432*.....

P. O. Address *St. Louis, Mo.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.