

FILED SEP 29 1955
XC-4537 533
Reg. #10, 998
SL #7190
BIRTH NO.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

31120
State File No.
1003 Registrar's No. 8160

REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN House Springs	
c. LENGTH OF STAY (in this place) 3 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) ROUTE #1	
3. NAME OF DECEASED (Type or Print) a. (First) GREGORY b. (Middle) JOSEPH c. (Last) KRANEFUSS			4. DATE OF DEATH (Month) (Day) (Year) September 15, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/9/16
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John F. Kranefuss	
13b. MOTHER'S MAIDEN NAME Mary E. O'Keefe		14. NAME OF HUSBAND OR WIFE Virginia M. Kranefuss	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2		16. SOCIAL SECURITY NO. 492-07-0266	
17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, St. Louis, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC FAILURE ANTECEDENT CAUSES DUE TO (b) AORTIC STENOSIS & MITRAL STENOSIS DUE TO (c) RHEUMATIC HEART DISEASE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - - - -	
INTERVAL BETWEEN ONSET AND DEATH UNK.		INTERVAL BETWEEN ONSET AND DEATH UNK.	
INTERVAL BETWEEN ONSET AND DEATH UNK.		INTERVAL BETWEEN ONSET AND DEATH UNK.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 410x		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) VA	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 9/12 , 19 55 , to 9/15 , 19 55 , and that death occurred at 5:40 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. T. Kaminski M.D.		23b. ADDRESS VA Hosp., 915 N. Grand, St. Louis, Mo.	23c. DATE SIGNED 9/15/55
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9/17/55	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
DATE REC'D BY LOCAL REG. SEP 16 1955	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOS. P. FENDLER JR. 7128 MICHIGAN	

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

DEC 23 1957

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.....
Clarena Kochow

Licensed Embalmer No. 309
P. O. Address 7128 Mie

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.