

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012884

DO NOT WRITE ON THIS SUB

AMENDED

Registration District No. **318** Primary Registration District **1003** Registrar's No. **2787** STATE FILE NUMBER

FILED MAR 26 1962

VS 300 Rev. 4/59

1
240273

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4: 0

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12: 61-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH
 a. COUNTY: **Missouri**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: **Saint Louis** Length of stay in lb: **2 wks**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: **Firmin Desloge Hospital** Inside Limits: Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE: **Missouri** b. COUNTY: **Saint Louis**
 c. CITY OR TOWN: **Hillsdale** Inside Limits: Yes No
 d. STREET ADDRESS (If outside, give location): **2137 Overlea** Reside on Farm: Yes No

3. NAME OF DECEASED (Type or print) First Middle Last: **Louis J. Kranung** 4. DATE OF DEATH Month Day Year: **March 12 1962**

5. SEX: **Male** 6. COLOR OR RACE: **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH: **1/1/87** 9. AGE (last birthday): **75 years**
 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Retired Inspector** 10b. KIND OF BUSINESS OR INDUSTRY: **Plumb Tool Co.** 11. BIRTHPLACE (City and state or country): **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY: **USA**

13a. FATHER'S NAME: **Comos Kranung** 13b. MOTHER'S MAIDEN NAME: **Elizabeth Stephen** 14. NAME OF HUSBAND OR WIFE: **Frieda Spilker Kranung**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): **Unknown** 16. SOCIAL SECURITY NO.: [Redacted] 17. INFORMANT Address: **Mr. Louis J. Kranung, Jr. 6908 Parkdale Dr. 20**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cardiac arrest**
 DUE TO (b) **Arteriosclerotic Heart Disease**
 DUE TO (c) **4200**
 CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **2-26-62** to **3-11-62** and last saw her/him alive on **3-11-62**
 Death occurred at **3-12-62** **7:15 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: **M. Rindler M.D.** (Degree or title) 22b. ADDRESS: **1005 Bay Park** 22c. DATE SIGNED: **3-12-62**

23a. BURIAL, CREMATION, REMOVAL (Specify): **Removal** 23b. DATE: **3/15/62** 23c. NAME OF CEMETERY OR CREMATORY: **Memorial Park Cemetery** 23d. LOCATION (City, town, or county) (State): **St. Louis County, Missouri.**

24. FUNERAL DIRECTOR: **CALVIN F. FEUTZ, 4828 NATURAL BRIDGE BLVD.** ADDRESS: **25. DATE RECD. BY LOCAL REG.:** **MAR 13 1962** 26. REGISTRAR'S SIGNATURE: **Head Smith, M.O.**

USE BLACK INK OR TYPEWRITER RIBBON

Dr/ Nathan Kimmelman
1005 Big Bend Rd.

1:30 to 5 Today (Mon)

File in city.

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 Robert E. Kimmelman

Licensed Embalmer No. 4916

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.