No. 2
4-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

State File No. 543

Registrar's No. 543

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Park Lane Memorial Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 1716
(If outside city or town limits, write "RURAL")

(d) Street No. 3340a Virginia Ave. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME Lillie Clara Kratz

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Otto A. Kratz

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July (Month) 23rd (Day) 1872 (Year)

8. AGE: Years 68 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Alton (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Louis Brockman
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
14. Maiden name Anna Collins
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Otto A. Kratz
(b) Address 3340a Virginia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 18 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th year 1941 hour 6:10 minute P.M. M.

21. I hereby certify that I attended the deceased from 12-25-40, 19, to Jan 16, 1941; that I last saw her alive on Jan 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma from the left breast

Due to Carcinoma of the Lungs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature [signature] (M.D. or other)
Address 4930 Lindell Blvd Date signed 1-17-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed: Edwin N. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.