. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35594

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10133

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: 4962 THEKLA AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 73 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 12

(c) City or town ST. LOUIS 97
(If outside city or town limits, write "RURAL")

(d) Street No. 4962 THEKLA AVE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MARY KRANZ

3. (b) If veteran, name war NIL

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife GEORGE KRANZ

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

7. Birth date of deceased SEPT. (Month) 18 (Day) 1857 (Year)

8. AGE: Years 85 Months 2 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace ALTON (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business NONE

FATHER
12. Name HENRY ENDRES
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Miss Lillie Kranz
(b) Address 4962 Thekla Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/5/42 (Month) (Day) (Year)
(c) Place: burial or cremation MT. LEBANON CEM

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th

19. (a) DEC 4 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1942 hour 12 minute 09 A M.

21. I hereby certify that I attended the deceased from Dec 1, 1942 to Dec 3, 1942
that I last saw her alive on Dec 2, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	2 years
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) no
(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 Grace A. Morrisgory (M. D. or other) M.D.
Address 4032 W. Florissant Date signed 12/3/42

(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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.