

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36251

State File No. _____

FILED NOV 20 1943 318

Primary Registration District No. 1003

Registrar's No. 9881

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3652 Pennsylvania
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3652 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Cratz

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Virginia Cratz 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 12 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

MOTHER FATHER { 12. Name Karl Cratz
13. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ed. Herchert

(b) Address 3652 Pennsylvania

17. (a) Burial (b) Date thereof 11/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec
NOV 12 1943

19. (a) _____ (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9
year 1943 hour 9.25 minute P. M.

21. I hereby certify that I attended the deceased from July 3rd 1943 to July 9, 1943
that I last saw him alive on Tuesday, Nov 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinoma Duration 1 yr

Due to 6 a of prostate 1 yr

Due to metastases to bones 1 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 51 PHYSICIAN _____
Of autopsy _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Philip S. Lund (M. D. or other) _____
Address 3651 Grand St. St. Louis Date signed 11/14/43

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

DE 44-31

STATEMENT BY LICENSED EMBALMER

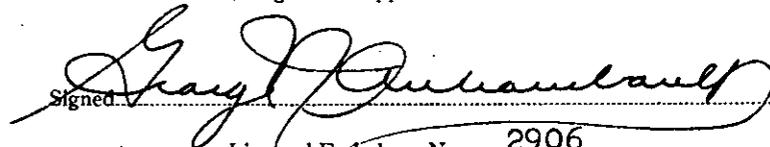
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

....., Registered Apprentice No. XXXX

working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P. O. Address 3013 Meramec St.

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.