. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21932

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6064

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Jewish Hosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether In this community 48 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 19 (If outside city or town limits, write "RURAL")

(d) Street No. 4140 Washington Boul. 9 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard E. Gantz

3. (b) If veteran, name war 1st World War

3. (c) Social Security No. 497-05-9160

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Edna

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Feb. (Month) 7 (Day) 1897 (Year)

8. AGE: Years 48 Months 5 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation U.S. Unemployment Office

11. Industry or business W.M.C.

FATHER
12. Name Hiram Gantz
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Mary J. Barth
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Edna Gantz

(b) Address 3929 Walsh St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l. Cemetery, J.B., Mo.

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 3634 Gravois

19. (a) JUL 13 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1945 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from ~~19~~ 19 42, to July 11, 1945 that I last saw him alive on July 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension

Due to chr. Hypertension, " Myocarditis,

Due to Nephrosclerosis.

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations

Of autopsy as above

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 M. E. Harris (M. D. or other)

Address University Dup Bldg. Date signed

(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.....

. Licensed Embalmer No.....

P. O. Address.....

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.