

FILED OCT 28 1946

STANDARD CERTIFICATE OF DEATH

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:  
5203 Tennessee 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 70 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5203 Tennessee  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Kratz

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

4. Sex female Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 25 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 3 23 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Shepp

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Kratz, Jr.

(b) Address 5203 Tennessee

17. (a) Burial (b) Date thereof 10-21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director J.L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) OCT 21 1946 (Date received local burial) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18  
year 1946 hour 4 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from October 11, 1946, to Oct. 18, 1946; that I last saw her alive on October 17, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block

Due to Hypertensive Heart Disease \_\_\_\_\_ years

Due to Hypertension \_\_\_\_\_ years

Other conditions (Include pregnancy within 3 months of death) 9/5

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Eugene Harry Galle (M. D. or other) M. D.  
Address 4971 Chippewa St. Date signed 10/19/46

Duration

6 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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**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 Frank J. Durno

Licensed Embalmer No. 2245

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