

FILED FEB 20 1948 310

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **SAINT LOUIS, MISSOURI**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution.....  
**4217 PLEASANT STREET**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
**LIFE** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MISSOURI** (b) County..... **000**

(c) City or town..... **SAINT LOUIS**  
(If outside city or town limits, write "RURAL") **17**

(d) Street No. **4217 PLEASANT STREET** **9**  
(If rural, give location) **10**

(e) Citizen of foreign country?..... **NO** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... **IDA SCHRANER**

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEBRUARY** day **3rd**  
year **1948** hour **11** minute **00** A. M.

21. I hereby certify that I attended the deceased from **Jan 4**  
....., 19 **48** to **Feb 3**, 19 **48**  
that I last saw **her** alive on **Feb 1**, 19 **48**  
and that death occurred on the date and hour stated above.

4. Sex..... **FEMALE** 5. Color or race..... **WHITE**

6. (a) Single, widowed, married, divorced..... **SINGLE (1)**

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

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

7. Birth date of deceased..... **AUGUST 22nd, 1892**  
(Month) (Day) (Year)

Immediate cause of death.....  
**Coronary Sclerosis** **4 weeks**

8. AGE:	Years	Months	Days	If less than one day
	<b>55</b>	<b>5</b>	<b>11</b>	.....hr. ....min.

Due to..... **CH**

Due to..... **CH**

Other conditions..... **Chronic arthritis**  
(Include pregnancy within 3 months of death)

9. Birthplace..... **SAINT LOUIS, MISSOURI** (City, town, or county) (State or foreign country)

10. Usual occupation..... **NONE**

Major findings:  
Of operations.....

Of autopsy.....

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

MOTHER FATHER

11. Industry or business.....

12. Name..... **JOSEPH SCHRANER**

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

14. Maiden name..... **PAULINE MUELLER**

15. Birthplace..... **SWITZERLAND**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **MRS. ELLA BRUMMEL**

(b) Address..... **8401 SUNBURY AVE., JE NNINGS,**

17. (a) **BURIAL** (b) Date thereof..... **2/6/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **FRIEDENS CEMETERY**

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.....

18. (a) Signature of funeral director..... **CALVIN F. FEUTZ**

(b) Address..... **4828 NATURAL BRIDGE BOULEVARD**

19. (a) **653 5 1948** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

Signature..... **R. P. Menzies** (M. D. or other) **M.D.**

Address..... **5330 Geraldine** **2/4/48**

Mr. R. R. Menowen  
5530 Geraldine Ave.  
No. 0461  
5 to 7 pm

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 John A. Mlinar  
Licensed Embalmer No. 4186

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.