

No. 30-47
-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41601
State File No.
Registrar's No. 11205

FILED JAN 11 1949 318
Registration District No.

Primary Registration District No. 1003

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

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:
DePaul Hospital
(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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Gatesworth Hotel - 245 Union
12 (If rural, give location)
(e) Citizen of foreign country? No
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry J. Kranz
3. (b) If veteran, name war No 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 25
year 1948 hour 12 minute 10 AM
21. I hereby certify that I attended the deceased from _____
1948 to Dec 25 1948
that I last saw him alive on Dec 24 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 29, 1868
(Month) (Day) (Year)

Immediate cause of death Parkies Coronary Infarction Duration 6 day
Due to Chronic Coronary Sclerosis Chronic Myocarditis
Due to _____

8. AGE: Years Months Days If less than one day
80 6 26 hr. _____ min. _____
9. Birthplace Collins Center, New York
(City, town, or county) (State or foreign country)
10. Usual occupation Automobile Business

Other conditions Chronic Sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations 9/3
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Henry Kranz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Pitts
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Elizabeth Kohler
(b) Address 5837 Julian Ave.
17. (a) Burial (b) Date thereof Dec 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
Bromschwig and Son Funeral Home
18. (a) Signature of funeral director _____
(b) Address 4746 W Florissant Ave.
19. (a) DEC 27 1948 (b) J. B. Lancaster
(Date received local registrar) (Registrar's signature)

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) (Specify means of injury)
23. Signature: Elizabeth Kohler (M. D. or other) _____
Address: 4746 W Florissant Blvd Date signed 12/27/48

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 *J. W. Wilkinson*
Licensed Embalmer No. *3575*
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.