

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2987**
Registrar's No. **0557**

FILED FEB 2 1954
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY **3**
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **En Route to City Hospital** e. STREET ADDRESS (If rural, give location) **21 3534 Olive St**

3. NAME OF DECEASED a. (First) **William** b. (Middle) **O.** c. (Last) **Kranz** 4. DATE OF DEATH (Month) (Day) (Year) **1-18-1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced** 8. DATE OF BIRTH **6-22-1897** 9. AGE (In years last birthday) **56** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Clerk-Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Aut. Body Shop** 11. BIRTHPLACE (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Frank Kranz** 13b. MOTHER'S MAIDEN NAME **Emma Wehrenberg** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **W.W.#1** 16. SOCIAL SECURITY NO. **486-16-3280** 17. INFORMANT'S SIGNATURE OR NAME **Jan Blau Fox** ADDRESS **Grave Coeur Mo**

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Fracture of skull, Brain injury, suffered when he fell in front of 3556 Olive Street on Saturday night, Jan 9, 1954 exact time unknown**
INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **Accident** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) **Street** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Jan 9 54 ? m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **E9035**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:45** p.m., from the causes and on the date stated above. **44**

22a. SIGNATURE **Patrick L. Taylor Coroner** (Degree or title) 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **1. 1954.**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **1-22-1954** 24c. NAME OF CEMETERY OR CREMATORY **Lakewood Park Cemetery** 24d. LOCATION (City, town, or county) (State) **7801 Ganesta Ave Mo**

DATE REC'D BY LOCAL REG. **JAN 19 1954** REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.** FUNERAL DIRECTOR'S SIGNATURE **Buegenher Bros** ADDRESS **6409 Gravois Ave**

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Van M. Seymour*.....
Licensed Embalmer No. *43*.....
P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.