MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10163

File No. 2746

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 91

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Mary Krause

(a) Residence. No. 3443 Pennsylvania St., 24 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 16 - 1847.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	7	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Switzerland

PARENTS

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Switzerland

14. INFORMANT Edna Pohl
(Address) 3443 Pennsylvania

15. FILED MAR 21 1927, 19..... Max C. Starkloff
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 - 1927.

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1927, to March 20th, 1927 that I last saw her alive on March 20th, 1927, and that death occurred, on the date stated above, at 8:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis with Valvular Lesions
unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Sarcoma of occipital bone
(duration) ..... yrs. 9 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

3/20, 1927 (Signed) Wm. P. Simmons, M. D
(Address) 1115 Victor Ste

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
New Picker Cem.	Mar 23 1927.
20. UNDERTAKER	**ADDRESS**
Zegenhein Bros.	2623 Cherokee

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.