

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

Do not use this space.

OCT 8 1927

1. PLACE OF DEATH

County St. Louis

Registration District No. 788

Township Sebeles Grove

Primary Registration District No. 4771

City St. Louis (No. 350)

Atlanta Ave

File No. 28210

Registered No. 67

St. _____ Ward _____

2. FULL NAME

John Krause

(a) Residence, No. 350 Atlanta Ave. St. _____ Ward _____

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Krause

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1861

7. AGE YEARS MONTHS DAY If LESS than 1 day, _____ hrs. or _____ min.
66 | 1 | 6

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired (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) Germany

10. NAME OF FATHER John Krause

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

12. MAIDEN NAME OF MOTHER undisclosed

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

14. INFORMANT John Krause (Address) 350 Atlanta Ave.

15. FILED 9-3-27 1927 per Miss Henderson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 24 1927, to Sept 1 1927 that I last saw him alive on Sept 18 1927, and that death occurred, on the date stated above, at 8:20 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Carcinoma of Esophagus
18 yrs. 18 mos. ds.

CONTRIBUTORY (SECONDARY) none (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray and clinical Exam. (Signed) E. Lee Strader M. D.

9/2 1927 (Address) 519 University Club Bldg

*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 Concordia DATE OF BURIAL Sept 7 1927

20. UNDERTAKER Theo. W. Beiderwiedum ADDRESS 1936 St. Louis Mo

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

