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

Do not use this space.

6367

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. City Infirmary St. ..... Ward)

File No. .....

Registered No. 1265

2. FULL NAME Emily Crause

(a) Residence. No. City Infirmary St., 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female

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: Gus Crause

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 29 - 1868

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	0	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Hawk

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: John Quayle

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

12. MAIDEN NAME OF MOTHER: Elizabeth Sharp

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

14. INFORMANT: Marie Effinger
(Address) City Infirmary

15. FEB - 1 19 28 Max Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Jany 31, 1928, to Feby 1, 1928 that I last saw her alive on Feby 1, 1928, 19 ....., and that death occurred, on the date stated above, at 1 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Myocarditis

936

90B

..... (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Infected leg

ulcer ..... (duration) yrs. 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? .....

(Signed) Geo. Lewis Kengle

Feb 2, 1928 (Address) Isolation Hosp

*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: St. Marcus Cem. (New)

DATE OF BURIAL: Feby 3 1928

20. UNDERTAKER: Elmer Shepard

ADDRESS: 1167 Hamilton

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.