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

Do not use this space.

15745 36 53

File No. 4.07

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo. (No. Barnes Hosp't. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Frederick Valentine Kraus

(a) Residence. No. St., 12 Ward. Columbia Ill
(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 21 - 1873

7. AGE: Years 54 | Months 4 | Days 11 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Columbia Ills
(STATE OR COUNTRY): Ills

PARENTS

10. NAME OF FATHER: Daniel Kraus

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

12. MAIDEN NAME OF MOTHER: Marguerite Eckert

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

14. INFORMANT: Ida Kraus
(Address): Columbia Ills

15. FILED MAY - 1 1928 19 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5 - 1 1928

17. I HEREBY CERTIFY, That I attended deceased from 5 - 1, 1928, to 5 - 1, 1928, that I last saw h. alive on 5 - 1, 1928, and that death occurred, on the date stated above, at 5-25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
Apoplexy
5M
O.A. (duration) yrs. 8 hrs mos. ds.

CONTRIBUTORY (SECONDARY): Diabetes Mellitus (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Columbia Ill.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis

(Signed) Lawrence D. Thompson, M. D
Blood & Urinary
, 19 (Address) 600 So. Kingshighway

*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 Paul's Cemetery Columbia Ill — DATE OF BURIAL: May 3 1928

20. UNDERTAKER: Gus Grob — ADDRESS: Columbia Ill.

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.