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

Do not use this space.

20061

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 7824 Ivory ave St. ..... Ward)

File No. .....

Registered No. 5723

2. FULL NAME Agnes Grace Krauss

(a) Residence. No. 7824 Ivory ave St., 1 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: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 2, 1915

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
13	10	20	

8. OCCUPATION OF DECEASED

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

(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 Fred Krauss

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Haven
(STATE OR COUNTRY) Conn.

12. MAIDEN NAME OF MOTHER Mary C Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Fred Krauss
(Address) 7824 Ivory ave

15. FILED MAY 24, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1929

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1929, to May 22, 1929 that I last saw her alive on May 21, 1929, and that death occurred, on the date stated above, at 9.08 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dilatation of Heart

92H

95D (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Mitral Insufficiency

(duration) 1 yrs. 4 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? .....

(Signed) A W Peters, M.D

May 23, 1929 (Address) 601 Missouri 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: Park Lawn Cemetery

DATE OF BURIAL: 5/25 1929

20. UNDERTAKER: C Hoffmeister U & L Co

ADDRESS: 7814 S Broadway

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.

WHITE PAPER, WITH UNFADING INKS—THIS IS A PERMANENT RECORD

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