

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

Do not use this space.

6779

**1. PLACE OF DEATH**

County..... Registration District No. 707  
Township..... Primary Registration District No. 10157  
City St. Louis Mo. (No. Sanitarium)..... St. .... Ward

File No.....  
Registered No. 1857

**2. FULL NAME**

Emil (Krause) Krause  
(a) Residence, No. 3601 St. 11<sup>th</sup> St., 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
about 64

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 2.37  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown  
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Saxony

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxony

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxony

17. INFORMANT (ADDRESS) W.F. McClammet M.D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb. 26 1932

19. UNDERTAKER (ADDRESS) Math. Hermann 24 Soy 3661 Cook Park Golf

20. FILED EE 26 1932 W.C. Starbuck Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24<sup>th</sup> 1932

22. I HEREBY CERTIFY That I attended deceased from July 1st 1930 to Feb 24<sup>th</sup> 1932  
last saw IM alive on Feb 24<sup>th</sup> 1932 Death is said to have occurred on the date stated above, at 11:45 m.  
The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis  
12:3 12:1A 2-23-32  
12:9

Other contributory causes of importance:

Perforated Caecum 2-23-32  
Cause unknown

Name of operation Laparotomy Date of 2/23/32  
What test confirmed diagnosis? Microsc. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (D)  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.  
(Signed) William F. McClammet M. D.  
(Address) 5400 Arsenal St

