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.

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

Do not use this space.

File No. 42506

Registered No. 11647

1. PLACE OF DEATH

County ..... Registration District No. 1791

Township ..... Primary Registration District No. ..... Ward

City St. Louis, Mo. (No. 3332 A, Aubert Ave St. ..... Ward)

2. FULL NAME Wilhelmina Kraus

(a) Residence, No. 3332 A Aubert Ave. 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE, MARRIED~~, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Adam Kraus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4th 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	85	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER

13. NAME Aug. Schlenzstein

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

MOTHER

15. MAIDEN NAME Not Known

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

17. INFORMANT Daughter Wilhelmina
(ADDRESS) 3332 A Aubert

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Paradise Cemetery DATE Dec 29 1932

19. UNDERTAKER Kingshighway Memorial Und Co
(ADDRESS) Kingshighway & Lexington

20. FILED DEC 28 1932 Mary Crawford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932 to Dec 26, 1932

I last saw h. alive on 12-26-, 1932 Death is said to have occurred on the date stated above, at 11 30 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hyper
tension
93 b

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Emma Ross, M. D.

(Address) 1918 S. Grand