

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

Do not use this space.

41548

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City St. Louis (No. 2646, Peterson St. (Luther Hospital St.)..... Ward)

2. FULL NAME Henry Krause

(a) Residence, No. 2637 Osage St., 15 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Krause
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5-1859
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 3 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Publishing House
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) Necker ILLINOIS

MOTHER 13. NAME Wm Krause

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

15. MAIDEN NAME Johanne (Hutkinson)

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

17. INFORMANT Mrs. Mary Krause (ADDRESS) 2637 Osage

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethelam DATE Dec. 9, 1933

19. UNDERTAKER (ADDRESS) Deidewigson Funeral Home, Inc. 4936 St Louis Ave. LEC - 9133

20. FILED J. T. Brederick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6th, 1933, to Dec 6th, 1933
I last saw him alive on Dec. 6th, 1933. Death is said to have occurred on the date stated above, at 3:00 A. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate Gland and Bladder
51 B
51 C
51 D
Other contributory causes of importance: 51
Uremic (Terminal)
Acute Nephritis

Name of operation..... Date of.....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? No
If so, specify.....
(Signed) H. K. Kopper, M. D.
(Address) 3803 S. Broadway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 26 1934

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