27 1934

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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2635

Township ..... Primary Registration District No. 1003 Registered No. 254

City St Louis Mo (No. On Route City Hospital St. ..... Ward)

2. FULL NAME Raymond Krause

(a) Residence, No. 325 No Ewing St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-20-1913

7. AGE: Years 20 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ronnoco Coffee Co
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) St Louis Mo

FATHER

13. NAME Albert Krause
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER

15. MAIDEN NAME Ida ——— ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) R. M. Hynemann 325 No Ewing

18. BURIAL, CREMATION, OR REMOVAL PLACE St Mathews Cem DATE 1-8 1934

19. UNDERTAKER (ADDRESS) A. Ellis 5240 Delmar Ave

20. FILED ..... 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 15 A. m.

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

Carbolic Acid Poisoning self administered while suffering [illegible] mental [illegible]

Date of onset

Other contributory causes of importance:

Suicide

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

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Jan 5, 1934

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Suicide

Nature of injury Carbolic Acid Poisoning

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

If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible]

1/6/34