

**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**
 Township..... Primary Registration District No. **1903**
 City **St. Louis Mo** (No. **2911 Hadley**) St. **26** Ward **1405**

File No. **26928**
 Registered No. **7161**

2. FULL NAME

Charles Krause
 (a) Residence, No. **2911 Hadley Ave**, St. **26** Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M.** 4. COLOR OR RACE **M.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 15, 1874**

7. AGE YEARS **60** MONTHS **1** DAYS **4** If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Grocer Painter**
 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) **Jefferson City Missouri**

FATHER
 13. NAME **Charles Krause**

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

MOTHER
 15. MAIDEN NAME **Margaret Blum**

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

17. INFORMANT (ADDRESS) **Mrs. Grace Galt**
2911 Hadley St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mur Bethlehem** DATE **July 23, 1934**

19. UNDERTAKER (ADDRESS) **City Lumber Prod. Co.**
1117 N. Market St.

20. FILED **1 21 1934** **Jos. J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 19, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **July 19, 1934** to **July 19, 1934**.
 Last saw **him** alive on **July 19, 1934** Death is said to have occurred on the date stated above, at **3:32 P.M.**

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

Sunstroke
Senility
 Other contributory causes of importance

Date of onset **7/17/34**

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? **no**
 If so, specify (Signed) **Allen J. Roe**, M. D.
 (Address) **2712 a St. 1405**

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. AUG 16 1934

RECORDS DEPARTMENT IS A PERMANENT RECORD

