

**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. **1403**  
 City **St. Louis** (No. **2007**) St. **11** Ward.....  
 Registered No. **26978**  
 St. .... Ward)

**2. FULL NAME**

**John F. Kraushopper**  
 (a) Residence No. **2007** St. **11** Ward **23**  
 (Usual place of abode)  
 Length of residence in city or town where death occurred **25** yrs. mos. ds. How long in U. S., if of foreign birth? **25** yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** *male* **4. COLOR OR RACE** *white* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** *married*  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF (OR) WIFE OF *Margaret Fraunhofer*  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** *about 1860*  
**7. AGE** YEARS MONTHS DAYS IF LESS THAN 1 day, ..... hrs. or ..... min.  
*about 74*  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** *Laboer*  
**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** *1*

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Germany*  
**13. NAME** *Mutman*  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Mutman*  
**15. MAIDEN NAME** *Mutman*  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Mutman*  
**17. INFORMANT (ADDRESS)** *Christina Rebb*  
*3725 a. Armond*  
**18. BURIAL, CREMATION, OR REMOVAL PLACE** *St. Peter's Paul* DATE *July, 23 34*  
**19. UNDERTAKER (ADDRESS)** *Mark Mayall*  
*19126*  
**20. FILED** *22 1934* 19 *for J. Bredeek*  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *July 20*, 19 *34*  
**22. I HEREBY CERTIFY** That I attended deceased from *March 25* 19 *29* to *July 20* 19 *34*  
 I last saw him alive on *July 20*, 19 *34* Death is said to have occurred on the date stated above, at *8* m.  
 The principal cause of death and related causes of importance were as follows:  
*Cerebral apoplexy* Date of onset  
*hypertension*  
*high blood pressure*  
 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 *Robert Weidman D.*  
 (Signed) *26 27 Russell*  
 (Address) *City*

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.

AUG 16 1934

