

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

Do not use this space.

JUN 13 1936

20646

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis Mo** (No. **SE Lukes Hosp**) St. _____ Ward _____

File No. _____
Registered No. **4803**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____, St. **N.R.** Ward. **St James Mo**
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-1-** 19**36**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **THELMA M KRAUS**

22. I HEREBY CERTIFY, That I attended deceased from **4-26-** 19**36**, to **5-1-** 19**36**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JUNE 8th 1907**

I last saw h.f.m. alive on **4-30-36**, 19... Death is said to have occurred on the date stated above, at **12⁵A.m.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
28 10 23

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

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

Tuberculosis meningitis Date of onset **?**
Pulmonary tuberculosis **?**
Other contributory causes of importance: **J.B.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST JAMES MO**

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

13. NAME **FREDERICK J. KRAUS**

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

15. MAIDEN NAME **UNKNOWN**

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

17. INFORMANT **Thelma M. Kraus** (ADDRESS) **St James Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St James Mo** DATE **5-3-36** 19**36**

19. UNDERTAKER **Albert N. HOFFE** (ADDRESS) **439 North Euclid**

20. FILED **MAY 31 1936** **St James Mo** Registrar.

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) **C.H. Lyman**, M. D. (Address) **St. Lukes Hospital** **St Louis, Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 6 1962

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