

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.

39721  
10/30

NOV 4 1936

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... St. Louis, Mo. (No. 5734 DeGiverville Ave. ....) St. .... Ward)

File No.....  
Registered No. 10766

2. FULL NAME Mabel Ann Porter Kraus .

(a) Residence, No. 5734 DeGiverville Ave., 6 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1936, to Oct 26 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11th, 1884.

I last saw h. W alive on Oct 26 1936 Death is said to have occurred on the date stated above, at 10 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 52. 7. 15.

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. Singer.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

Date of onset

Chronic Myocarditis  
131  
Other contributory causes of importance  
Chronic  
Pneumococcus hepaticus

12. BIRTHPLACE (CITY OR TOWN) St. Louis, County.. (STATE OR COUNTRY) Missouri.

13. NAME Charles R. Kraus.

14. BIRTHPLACE (CITY OR TOWN) St. Louis, County, (STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Katherine R. Ficke.

16. BIRTHPLACE (CITY OR TOWN) St. Louis, County, (STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. Blanche Delitala (ADDRESS) 5734 DeGiverville, Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Embury, mo Boxers Cemetery DATE Oct 27th 1936

19. UNDERTAKER J. R. Lupton + Sons. (ADDRESS) 4449 Olive Street.

20. FILED OCT 27 1936 J. F. Bredeck Registrar.

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 .....

(Signed) Richard H. Schumann, M. D.  
(Address) 4247 S. Grand

RE 2709  
4241 S. 200