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. FEB 8 1937 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 5734 DeGiverville 2 St. ..... Ward)

File No. 3738

Registered No. 773

2. FULL NAME Katherine Rebecca Kraus

(a) Residence, No. 5734 DeGiverville St., 6 Ward. 1
(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

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles R. Kraus.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 8 - 1862.

7. AGE: YEARS 74. MONTHS 10. DAYS 8. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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): Chesterfield Missouri

FATHER

13. NAME: Herman Ficke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chesterfield Missouri

MOTHER

15. MAIDEN NAME: Mary Porter Enloe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chesterfield Missouri

17. INFORMANT (ADDRESS): Mrs Blanche Delitala. # 5734 De Giverville Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Boxlers Cemetery Gumbo, Mo. DATE Jan 18 1937

19. UNDERTAKER (ADDRESS): C. R. Lupton & Sons 4443 Olive Street

20. FILED [illegible] 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16- 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to Jan 16, 1937

I last saw her alive on Jan 16, 1937. Death is said to have occurred on the date stated above, at 5:30 P.m.

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

Cardiac failure
Hypostatic Congestion
Myocarditis Chronic
Nephritis Chronic
La Grippe

Other contributory causes of importance:
Arthritis

Date of onset

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) G. L. Krause, M. D.

(Address) 3720 Washington

Beaumont Bldg.
3725 N. Kingston
J = 6111
5732 Cabanne
C = 6686
St Louis