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

32543
Do not use this space.

1. PLACE OF DEATH — OCT 14 1937 — Registration District No. 791
(a) County ..... Primary Registration District No. 1003 Registered No. 8597
(b) Township .....
(c) City ST. LOUIS MO. (d) Street No. ST JOHNS HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. (f) How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. PRINT FULL NAME IRIS KRAUT.
(a) Residence, No. 2020 A ALLEN AV. St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED — ~~HUSBAND OF~~ (OR) WIFE OF CHARLES KRAUT.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 21, 1907

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
29	9	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Own
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWORK,
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) ILL.

FATHER
13. NAME JOHN KNIGHT.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.

MOTHER
15. MAIDEN NAME DONA WILSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL

17. INFORMANT CHAS. KRAUT (ADDRESS) 2020 A. ALLEN AV.
18. BURIAL, CREMATION, OR REMOVAL PLACE SUNSET BURIAL DATE SEPT. 14 1937
19. FUNERAL DIRECTOR E. J. Lehmur. (ADDRESS) 3126 Lafayette av.
20. FILED SEP 13 1937 J. B. Bedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1936, to Sept 11 1937
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease — Chronic & acute endocarditis	
Other contributory causes of importance: Pulmonary Embolism	9/11/37

Name of operation — Date of ...
What test confirmed diagnosis? Clinical. Was there an autopsy? No

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) Pierce W. Powers, M. D.
(Address) 2131 So. Jefferson

(Licensed Embalmer's Statement on Reverse Side)

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.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
I X12004

STATEMENT BY LICENSED EMBALMER

I, James G Sullivan, Licensed Embalmer No. 2260

hereby certify that the body recorded on the reverse side of this certificate was embalmed by James G Sulli

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed James G Sullivan

Licensed Embalmer No. 2260

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)