

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

36327  
Do not use this space.

NOV 15 1937

791  
1003

Registered No. 9904

**1. PLACE OF DEATH**

(a) County ..... Registration District No. 2  
 (b) Township ..... Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 6215 Winona Ave. ..... 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** Fred Kraus

(a) Residence, No. 6215 Winona Ave. St. IV  
 (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine Kraus</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 8, 1883</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>2</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>City Fireman</u>		
9. Industry or business in which work was done, as 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) <u>St. Louis Mo.</u>		
13. NAME <u>John Krause</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Mary Schnell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
17. INFORMANT (ADDRESS) <u>Katherine Kraus 6215 Winona Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Hope Cem.</u> DATE <u>10-28</u> 19 <u>37</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Kriegshauser Mortuaries 4228 So. Kingshighway</u>		
20. FILER <u>OCT 25 1937</u> <u>J. Bredeck</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-20-37, 1937, to 10-24-37, 1937.  
 I last saw him alive on 10-24-37, 1937. Death is said to have occurred on the date stated above, at 8:55 P.M.  
 The principal cause of death and related causes of importance were as follows:  
chronic myocarditis  
acute onset 10/20/37  
93C  
 Other contributory causes of importance:  
Acute cold since 10/20/37

Name of operation none Date of .....  
 What test confirmed diagnosis? ..... 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 D. C. Pfeiffer, M. D.  
 (Address) 4523 S Kings Highway

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.

700  
OCCUPATION  
1  
FATHER  
10  
MOTHER  
1

21100

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

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

working under my personal supervision.

Signed *Edmund M. Heruath*

Licensed Embalmer No. *3024*

**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.)**