

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

39239
Do not use this space.

Registered No. **10226**

1. PLACE OF DEATH
DEC 13 1937

(a) County St. Louis Registration District No. 791
 (b) Township _____ Primary Registration District No. 1903
 (c) City St. Louis (d) Street No. City 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Frederick Kraft
 (a) Residence, No. 5603a Wabada Ave. St. 6
 (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 Male 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 Bird Kraft

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25th. 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 81 10 7

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Factory Foreman
 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) Maryland

FATHER
 13. NAME Dont Know Kraft

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER
 15. MAIDEN NAME Barbara Mueller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mary Hunn
 (ADDRESS) 6725a Hoffman Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE 11-4-37

19. FUNERAL DIRECTOR Provost Und. Co.
 (ADDRESS) 3710 N. Grand Blvd.

20. FILED NOV 3 1937
J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2-37 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7:10 P.M.

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

No other
Pulmonary Edema of Lungs
Terminal Cause unknown
 Other contributory causes of importance:
Arteriosclerosis

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

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) Joseph M. Quinn, M.D.
 (Address) Deputy Coroner

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.

STATEMENT BY LICENSED EMBALMER

I, A.A. Smithers, Licensed Embalmer No. 3916

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

L. E. 3916

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

working under my personal supervision.

Signed

A.A. Smithers

Licensed Embalmer No. 3916

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.)