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.

2/1

1. PLACE OF DEATH
County Jefferson
Township Rock
City ..... (No. ....., ..... St. ..... Ward)

50

Registration District No. 423
Primary Registration District No. 5578

File No. 3183
Registered No. 1

2. FULL NAME Phillip Kraus 1.20
(a) Residence, No. Kimmswick St., ..... Ward.
(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 M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Lena Kraus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8th 1873

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 64 | 10 | 24 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Antonia Mo

FATHER
13. NAME Philip Kraus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Barbara Lauer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Lenna Kraus Kimmswick Mo R.R. #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antonia Cemetery DATE Jan 3rd 1938

19. UNDERTAKER (ADDRESS) Heiligtag Funeral Home Kimmswick Mo R.R. #2

20. FILED Jan 3rd 1938 Phil J. Kirk Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1936 to Jan 1, 1938
I last saw him alive on Dec 1, 1937 Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance: [illegible]

Name of operation none Date of .....
What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 no
(Signed) Othmar J. Sum, M. D.
(Address) Barnhart Mo

RECEIVED
FEB 25 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH