

REC'D JUL 12 1938

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

20229
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City **St. Louis, Mo.** (d) Street No. **5708 Finkman Avenue** St. **2**
(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.

Registered No. **5368**2. PRINT FULL NAME **Mrs. Marie Krauss**

(a) Residence, No. **5708 Finkman Avenue** St. **2**
(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 **Female** 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 **Harry Krauss**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 29, 1909**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
28 7 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**

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) **Westick** b
(STATE OR COUNTRY) **Germany**

13. NAME **Friederich Brune** b

14. BIRTHPLACE (CITY OR TOWN) **Germany** b
(STATE OR COUNTRY)

15. MAIDEN NAME **Wilhelmina Hanke**

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

17. INFORMANT **Mr. Harry Krauss**
(ADDRESS) **5708 Finkman Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles Cem.** DATE **6/15/38** 19.

19. FUNERAL DIRECTOR (NAME) **Beidervieden F. H. Inc.**
(ADDRESS) **1936 St. Louis Ave.**

20. FILED **JUN 14 1938** **J. D. Bredich**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 11, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 12, 1938**, to **June 11, 1938**

I last saw **her** alive on **June 11, 1938**. Death is said to have occurred on the date stated above, at **10:15 P.M.**

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

Pulmonary Tuberculosis (1937)
Atelectasis
9 Km

Other contributory causes of importance:

Name of operation **None** Date of.....
What test confirmed diagnosis? **Microscopic** 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?.....
If so, specify.....

(Signed) **J. D. Bredich**, M. D.
(Address) **408 Humboldt Bldg**

Dr. Brennan
Humboldt Bay
537 St. Germain

3:30 - 5:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *Felix J. Krispin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.)

If this body is not embalmed, above space should be left blank.