

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

20541
Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **3641a Bates St.** 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

(a) Residence, No. **3641a Bates St.** St. **L** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Barbara Kraft**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May, 4th, 1863.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 1 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired (10 yrs.)**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Milliner**
 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) **St. Louis, Mo.**

FATHER 13. NAME **Phillip Kraft**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Barbara Kraft
3641a Bates St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. S. Peter-Paul** DATE **June, 24th, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wacker-Helderle
2331 S. Broadway**

20. FILED **JUN 23 1938** **J. D. Budick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **July 26, 1937, to June 21, 1938**
 I last saw him alive on **June 21, 1938** Death is said to have occurred on the date stated above, at **P.** m.
 The principal cause of death and related causes of importance were as follows:

**Carcinoma of prostate
Carcinomatous
Meningia**
 Date of onset
 Other contributory causes of importance **AC**

Name of operation **None** Date of.....
 What test confirmed diagnosis? **Rectal exam.** 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) **Willard T. Barnhart**, M. D.
 (Address) **3720 Washington**

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-1-12-38
 1 x 14028

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, _____

Frank J. Skylaud

or by _____

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

Signed _____

Frank J. Skylaud

Licensed Embalmer No. _____

2645

P. O. Address _____

St. Louis Mo.

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.