AUG 8 1938 REC'D AUG 10 1938

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

26469
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 284
(b) Township St. Ferdinand — Primary Registration District No. 200 — Registered No. 1330
(c) City Jennings — (d) Street No. 2520 Mc Laren 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 Henry Wm. Louis Kraatz 630
(a) Residence, No. 150 Selma Ave., Webster Groves, Mo. (Usual place of abode, if no street address, write county or city) Webster Groves, Mo. (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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elsa Kraatz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 19 1875
7. AGE: 63 YEARS, MONTHS: 1, DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Baker
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): June 1938
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Goldberg Germany 6

FATHER
13. NAME: Hy. Kraatz, 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Sophie Kuhfahl
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Elsa Kraatz, 150 Selma Ave.,
18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ PLACE: Valhalla Crematory 8/9/38. 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): MITTELBERG FUNERAL HOME, Inc. WEBSTER GROVES, MO.
20. FILED AUG 8 1938 — T. R. Meyer M. D. P. H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/6/38. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 6, 38
I last saw him alive on Aug 5, 1938 Death is said to have occurred on the date stated above, at 8:40 P.M.
The principal cause of death and related causes of importance were as follows:

Cancer of groin (rt.) 5 3 6 — Date of onset

Other contributory causes of importance:

Name of operation: Amputation penis Date of ?
What test confirmed diagnosis: Co. Hosp. 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) [signature] M. D.
(Address) 6704 N. Florissant Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

FEB 6 1959

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 J. S. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.