

REC'D FEB 10 1939

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

791
1003

709
Do not use this space.

1. PLACE OF DEATH

- (a) County.....
(b) Township.....
(c) City St. Louis
(d) Street No. 3331 Iowa Avenue
(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. 3331 Iowa Avenue St. 24
(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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Kraus		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1850		
7. AGE YEARS 88	MONTHS 7	DAYS 3
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Housewife		
9. Industry or business in which work was done, as saw mill, bank, etc. at home		
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) Switzerland		
13. NAME Unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland		
17. INFORMANT (ADDRESS) Pauline Bauer 3331 Iowa Avenue		
18. BURIAL, CREMATION, OR REMOVAL PLACE SSP Peter & Paul Cem. DATE Jan. 25 1939		
19. FUNERAL DIRECTOR (ADDRESS) Thos. Tuttle 2906 Gravois Ave.		
20. FILED JAN 23 1939 J. B. Brueck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23^d, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8th, 1938, to Jan. 23^d, 1939
I last saw her alive on Jan. 23^d, 1939. Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Coronary Arteriosclerosis
Other contributory causes of importance:
Paralysis Agitans about 4 years ago

Name of operation..... Date of.....
What test confirmed diagnosis? Stupor 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) J. B. Brueck M. D.
(Address) 3548 S. Grand

W. Eisenberg

STATEMENT BY LICENSED EMBALMER

I, *Thos Lutis*, Licensed Embalmer No. *1619*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Thos Lutis*

..... L. E. *1619*

No. or by Registered Apprentice No.
working under my personal supervision.

Signed *Thos Lutis*

Licensed Embalmer No. *1619*

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.)