

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

16968
 Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County.....² Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No..... **4497**
 or St. Louis (c) City.....
 (d) Street No. **4155A Lee 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 **57** yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Fred Krause**

(a) Residence, No. **4155A Lee Ave.** St. **10** (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 **Loretto Krause**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feby. 22nd. 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 2 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Tile Setter**
 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) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER 13. NAME **Dont know Krause**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont know Ills.**

MOTHER 15. MAIDEN NAME **Dont Know-Sidner**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ills.**

17. INFORMANT **Mrs. Loretto Krause**
 (ADDRESS) **4155A Lee Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cabvary** DATE **5-17-39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Provost Und. Co. 3710 N. Grand Blvd.**

20. FILED **MAY 16 1939** *J. T. [Signature]*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-14-39** 19**39**

22. I HEREBY CERTIFY That I attended deceased from **May 13**, 19**39** to **May 14**, 19**39**.
 I last saw **AM** alive on **May 14**, 19**39**. Death is said to have occurred on the date stated above, at **4:50 P.M.**
 The principal cause of death and related causes of importance were as follows:

Haemorrhage from gastric ulcers

Date of onset

Other contributory causes of importance:

Hypertension, cholelithiasis, cholelithiasis, no

Name of operation **no** Date of.....
 What test confirmed diagnosis? **clinical** 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? **no**
 If so, specify (Signed) **Samuel W. [Signature]**, M. D.
 (Address) **2906 N. [Address]**

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.

Er 500 W
Sam W. Hoff
2906 N Union
10-12
1-4

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Robert L. Brinkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd.

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.