

JUN 30 1939

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

23220
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 200
(c) City Lemay (d) Street No. 347 Horn 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 Memie Kraus
(a) Residence, No. 347 Horn St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Joseph Kraus
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 1 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
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) St. Louis Mo
13. NAME John Frank Bandrup
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Widow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Frank Kraus
808 Jersey
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olives DATE June 30 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Kraus
744 Jersey
20. FILED JUN 30 1939 J. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1939
22. I HEREBY CERTIFY, That I attended deceased from June 27 1939 to June 27 1939
I last saw h. e. r. alive on June 29 1939 Death is said to have occurred on the date stated above, at 7:15 A.M.
The principal cause of death and related causes of importance were as follows:
CORONARY OCCLUSION
Other contributory causes of importance: Hypertension
Name of operation NONE Date of
What test confirmed diagnosis? 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. J. White M.D.
(Address) 758 Lemay Ferry Rd.

Date of onset
June 27 1939
10 AM

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.

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.....

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

Signed *Wilson Collins*
Licensed Embalmer No. *3887*
P. O. Address *Stam 3.07*

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.