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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

791

State File No. 41117

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 10888

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 71 days (Specify whether
In this community 38 yrs-4 mos-8 das. years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")

(d) Street No. 1505 N. Jefferson Ave
(If rural, give location)

0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Michael Krause

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 21, 1902
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
38	4	8	hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none 0

11. Industry or business _____

FATHER
12. Name FrankKrause 6
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pauline Westley
15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Krause
(b) Address 3024a Abner Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave

19. (a) DEC 11 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 29
year 1940 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia as a result of automobile in which deceased was riding and driven

Due to by one Ben Dorrell overturning when driver lost

Due to control on Highway #40 between St. Charles and

Other conditions O'Fallon Mo. about
(Include pregnancy within 3 months of death)
9:30 A.M. on Oct. 20, 1940

Major findings:
Of operations _____
Of autopsy 210 m 28

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide, or homicide~~ (specify) _____

(b) Date of occurrence 10-20-40.

(c) Where did injury occur? between St. Charles & O'Fallon, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pub. Place
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Thomas F. Callana (M. D. or other)

Address Deputy Coroner Date signed 2/31/40

(Licensed Embalmer's Statement on Reverse Side)

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 Charles J. Goodhart

Licensed Embalmer No. 12377

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.