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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43903

Registration District No. 784 | Primary Registration District No. 111 | Registrar's No. 2464

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Richmond Height's (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: ____

(c) City or town: De Soto (If outside city or town limits, write "RURAL")

(d) Street No.: 316 So. Main St. (If rural, give location)

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

3. (a) PRINT FULL NAME: Henry Kraus

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: Married

6. (b) Name of husband or wife: Elizabeth

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

7. Birth date of deceased: Oct. (Month) 23 (Day) 1878 (Year)

8. AGE: Years 62 | Months 2 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: Tilden (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Shoe Maker

11. Industry or business: ____

MOTHER FATHER

12. Name: John Kraus

13. Birthplace: ____ (City, town, or county) Germany (State or foreign country)

14. Maiden name: Frances Bertman

15. Birthplace: ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mrs. Elizabeth Kraus

(b) Address: De Soto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/27/40 (Month) (Day) (Year)

(c) Place: burial or cremation: De Soto, Mo.

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Ave.

19. (a) DEC 27 1940 (Date received local registrar) (b) R. Murphy M.D. (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1940 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from Dec 2 1940, to Dec 25 1940 that I last saw him alive on Dec 24 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemoglobin	
Due to: Hemorrhage from B-Stomach	5 days
Due to: [illegible]	many years
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations ____ Of autopsy: Hemoglobin

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 ____

(c) Where did injury occur? ____ (City or town) (County) (State)

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

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

23. Signature: R. A. Russell (M. D. or other)

Address: Beaumont Bldg. St. Louis Mo. Date signed ____

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.....

Licensed Embalmer No.....2971.....

, P. O. Address.....

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

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