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12-40  
17-39  
X23159

Registration District No. \_\_\_\_\_

Primary Registration District No. 2009

Registrar's No. 239

FILED JUL 12 1941  
125

1. PLACE OF DEATH: CAPE GIRARDEAU

(a) County CAPE GIRARDEAU

(b) City or town "

(c) Name of hospital or institution: SOUTHEAST MO. HOSP.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County CAPE GIRARDEAU

(c) City or town CAPE GIRARDEAU 4  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LOUIE KRAUST

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 490-05-7964

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1941 hour 5 minute 45 M.

21. I hereby certify that I attended the deceased from 6/20 to 6/25, 1941.

that I last saw him alive on 6/25, 1941 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife GRACE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAR 18 1900  
(Month) (Day) (Year)

8. AGE: Years 41 Months 3 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Pneumonia Duration 3 days

Due to Injury

Due to Fracture of Sternum Plethoric

Other conditions Fractured Ribs

Major findings: Consolidated Lungs Ruptured soft-liver Fractured Ribs

Of operation \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace MUNICH GERMANY 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman Cement Co.

11. Industry or business Marguette Cement Co.

MOTHER FATHER { 12. Name MATTHEWS KRAUST

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name ANNA SMIRBADER

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grace Kraust

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 6-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Ernest H. Maxwell

(b) Address Cape Girardeau, Mo.

19. (a) 6-26-41 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence 6/20/41 115

(c) Where did injury occur? Cape Girardeau Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Industrial place

(e) Means of injury Plethoric  
(Specify type of place) (e) Means of injury

23. Signature J. M. Thompson (M. D. or other) MD

Address CAPE GIRARDEAU, MO. Date signed 6/27/41

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

**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. 3390

..... working under my personal supervision.

Signed.....

J. Howell  
..... Licensed Embalmer No. 3390

P. O. Address Cap. Walker, Fla.

**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, fact should be so stated above.**