

8  
-1-4-41  
5-17-30  
I X

ALD AUG 28 1941 791  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in a hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 Days  
(Specify whether  
In this community Birth 0  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town Wellston St. Louis 17  
(If outside city or town limits, write "RURAL") 96  
(d) Street No. 6109a Ella Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mamie Kraft

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Kraft 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 7, 1883  
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Michael O'Gara

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

14. Maiden name Unknown

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant George Kraft  
(b) Address 6109a Ella Ave

17. (a) Burial (b) Date thereof 7/7/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) JUL 5 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3,  
year 1941 hour 10:50 minute A. M.

21. I hereby certify that I attended the deceased from June  
19, 19 41 to July 3, 19 41;  
that I last saw her alive on July 3, 19 41;  
and that death occurred on the date and hour stated above.

Immediate cause of death Aortitis, Syphilitic

Due to Syphilis

Due to \_\_\_\_\_

Other conditions [Signature]  
(Include pregnancy within 3 months of death)

Major findings: [Signature]  
Of operations \_\_\_\_\_

Of autopsy As Above

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 \_\_\_\_\_

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. J. Maxwell (M. D. or other) 0  
Address 1515 Lafayette Ave. Date signed 7/3/41

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

970

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

**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.**