

JAN 9 1942

Registration District No. 78x

Primary Registration District No. 115

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7351 Teasdale Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 56 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7351 Teasdale Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27  
year 1941 hour 12 minute P M.

21. I hereby certify that I attended the deceased from  
Jan 1 1941 to Dec 27 1941  
and that I last saw him alive on Dec 27 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocardial

Duration

Several  
years

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

Due to 93d

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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)  
Means of injury \_\_\_\_\_

Signature W. P. Brown (M. D. or other) \_\_\_\_\_  
Address 3903 Olman Date signed 12/27/41

3. (a) PRINT FULL NAME ANNE MARBLE BLUE KRAUSSE

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (b) Single, widowed, married, divorced widowed

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

7. Birth date of deceased December 4, 1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Marion Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

12. Name John William Blue

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

14. Maiden name Mary Francis Baldwin

15. Birthplace Princeton Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Selma Krausse

(b) Address 7351 Teasdale Ave.

17. (a) burial (b) Date thereof 12/29/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander + Sons

(b) Address 6175 Delmar Blvd.

19. (a) DEC 29 1941 (b) E. B. Mc Gowan  
(Date received local registrar) (Registrar's signature)

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

96  
5/3

09/6  
3  
5  
0

MOTHER FATHER

7/67

MAY 6 1942

3903 Avenue K, J 3000

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 Raymond J. Harris, Registered Apprentice No. 790 working under my personal supervision.

Signed Geo. E. McCulloch  
Licensed Embalmer No. 2460

P. O. Address 6176 Delmar

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.