

FILED MAR 2 1942

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3515 Commonwealth
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th
year 1942 hour 7:00 minute 4. M.

21. I hereby certify that I attended the deceased from
Feb. 2 1942 to Feb. 24th 1942
that I last saw h. in alive on Feb 23rd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Duration

Due to _____
Due to 93A

Other conditions: senile changes
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 B.P. Loving (M. D. or other) MD
Address Ballwin, Mo. Date signed 2-24-42

3. (a) PRINT FULL NAME Sterling Price Kraus

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Alice Kraus 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 8, 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Plasterer

11. Industry or business _____

12. Name Price Sterling Kraus

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

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Velma McLeod

(b) Address 3515 Commonwealth

17. (a) Burial (b) Date thereof 2-26-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Jay B. Smith

(b) Address 3456 Manchester

19. (a) FEB 26 1942 (b) B.P. Loving M.D.
(Date received local registrar) (Registrar's signature)

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

96
99
00

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.....

J.P. Burgess

Licensed Embalmer No. 4029

P. O. Address. Maplewood

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.