. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

96
5
3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 47624

Registration District No. 184 Primary Registration District No. 109 Registrar's No. 314

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Maplewood,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2286 Yale Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri, (b) County 17
(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3969 DeTonty St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Arthur J. Krage

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

3. (c) Social Security No. 702-12-4869

4. Sex Male,

5. Color or race White,

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

6. (b) Name of husband or wife Marie,

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

7. Birth date of deceased October (Month) 29 (Day) 1886, (Year)

8. AGE: Years 56 Months 3 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation Special Agent,

11. Industry or business St. Louis-San Francisco Ry.

FATHER
12. Name Wilhelm Krage,
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Anna Schotzen,
15. Birthplace Don't Know, (City, town, or county) 9 (State or foreign country)

16. (a) Informant Arthur P. Krage,
(b) Address 3838 Weber Rd., Afton, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 2/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul Cem.

18.* (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) FEB 18 1943 (Date received local registrar) (b) C. G. McGarron MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
year 1943 hour 5: minute 18 P. M.

21. I hereby certify that I attended the deceased from Jan 5, 1942 to Feb 10, 1943
that I last saw him alive on Feb 10, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac Dilitation	
Due to Chr. Myocarditis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations no
Of autopsy none

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 C

23. Signature B. G. Hannecker (M. D. or other) M.D.
Address 4960 Laclede St. Louis Mo. Date signed 2/17/43

707

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1943

FEB 19 1943

AUG 9 1946

MAY 24 1943

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed William T Hirons

Licensed Embalmer No. 4319

P. O. Address 4355 Washington Blvd. 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.