S. No. 2
M—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12393

State File No.

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4110

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2814 North 14th St /
(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 17 9 26

(a) State Missouri (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2814 North 14th St
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Krause

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 26 (Day) 1913 (Year)

8. AGE: Years 29 Months 4 Days ~~14~~ 4 If less than one day hr. min.

9. Birthplace Raddle (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Nil (Invalid)

11. Industry or business

FATHER
12. Name John Krause
13. Birthplace Perry County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Martha Boggenpohl
15. Birthplace Jacob (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant John Krause
(b) Address 2814 N 14th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Old St Marcus

18. (a) Signature of funeral director Beiderwieden Funl Home Inc
(b) Address 1936 St Louis Ave

19. (a) MAY 3 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1943 hour 9:45 minute A M.

21. I hereby certify that I attended the deceased from Nov. 20, 1929, to Apr. 30, 1943 that I last saw him alive on Apr 30, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arthritis deformans	13 yrs
Due to Chronic Nephritis	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0

23. Signature Allen J. Roe (M. D. or other) MD

Address 2712a N. 14th St. Date signed 4/30/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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.