

FILED DEC 3 1943  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 10268

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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St Louis  
(c) City or town Chesterfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R.#2 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louisa Kraus

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

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

6. (b) Name of husband or wife Louis Kraus 6. (c) Age of husband or wife If alive 73 years

7. Birth date of deceased Feb 27 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 8 24 hr. \_\_\_\_\_ min.

9. Birthplace St Louis County Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name John Blank

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

14. Maiden name Mary Bobb

15. Birthplace St Louis County Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Kraus  
(b) Address R.R.#2 Chesterfield

17. (a) Burial (b) Date thereof 11-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Ev. Ch. Cem.

18. (a) Signature of funeral director Louis H. Gapp, Inc.  
(b) Address 1910 Ryonny Dr. Parkwood, Mo.

19. (a) NOV 24 1943 (b) J. P. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21  
year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to Nov 21, 1943  
that I last saw him alive on Nov 20, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial (arterial) block due to atherosclerosis  
Due to hypertensive changes  
Due to myocardial changes  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 L. H. Gapp, Inc. (M. D. or other) \_\_\_\_\_  
Address 1910 Ryonny Dr. Parkwood, Mo. Date signed 11/24/43

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

10268

10268

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**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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.**