

No. 2  
5-43  
5-17-39  
I X3667

FILED MAR 27 1944 318

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

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:  
Park Lane Memorial Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether In this community \_\_\_\_\_ Since Birth years, months or days)

3. (a) PRINT FULL NAME PHILIP KRAFT

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Adele (Schuermann)

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

7. Birth date of deceased Jan. 23, 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>1</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Mail Carrier

12. Name Fred Kraft

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

14. Maiden name Christian Hahn

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

16. (a) Informant Henry Kraft

(b) Address 5544 Emerson Avenue

17. (a) Burial (b) Date thereof 3/18/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) MAR 16 1944 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

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

(d) Street No. 5544 Emerson Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15  
year 1944 hour 9 minute 47 PM M.

21. I hereby certify that I attended the deceased from January 29, 1944 to March 15, 1944  
that I last saw him alive on March 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and chronic interstitial nephritis,  
Duration Jan. 29, 1944

Due to 121

Due to General arterio-sclerosis,  
Other conditions Jan. 29, 1944  
(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)  
Means of injury? \_\_\_\_\_

23. Signature J. F. Brudeck M.D.  
Address 320 Metropolitan Bldg. Date signed 3/16/44  
(M. D. or other)

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

MOTHER, FATHER

**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 *Walter G. Burnley*.....

Licensed Embalmer No. *42020*.....

P. O. Address *St Louis Ind*.....

**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.**