

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days  
(Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0209  
(c) City or town St. Louis 179  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1507 Farragut Str. 7  
(If rural, give location)  
(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mary F. Kraus

3. (b) If veteran, name war. None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Frank J. Kraus 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Aug. 15. 1873  
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Jacques Adam  
13. Birthplace France 5  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine Gacon  
15. Birthplace France 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Kraus  
(b) Address 1507 Farragut Str.  
17. (a) Burial (b) Date thereof 9/8/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]  
(b) Address 2117 E. Grand Blvd.  
19. (a) SEP 6 1944 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5  
year 1944 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Sept 14 1944 to Sept 17 1944  
that I last saw him alive on Sept 15 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes mellitus 14d.  
myocarditis chr. 6m.  
chr. nephritis 6m.

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations no  
Of autopsy as above.  
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? (c) Means of injury  
23. Signature Geo. A. Muller (M. D. or other)  
Address 2739 N. Grand Date signed 9.5.44

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

**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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand.

**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.**