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OM-5-43  
Rev. 5-17-39  
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#26339  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 28 1945  
318

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
8223  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days Memorial  
(Specify whether  
50 years (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2800 Dodier St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IDA KRAUSE

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

4. Sex female 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Phillip Krause 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased August 16 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 1 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

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

MOTHER FATHER } 12. Name unknown  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Garbs

(b) Address 2800 Dodier St.

17. (a) Burial (b) Date thereof 9-22-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Mascoutah, Ill

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 2223 St. Louis Ave.

19. (a) SEP 22 1945 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th  
year 1945 hour 10:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 9/10/45  
\_\_\_\_\_ 19 \_\_\_\_\_ to 9/19/45 \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw her alive on 9/19/45 \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular disease  
Due to \_\_\_\_\_  
Due to 93d

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? III

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Herbert C. Fritz (M. D. or other)  
Address 1515 Lafayette Date signed 9/20/45

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..... *Ronald Yahnske* .....  
Licensed Embalmer No. *3917* .....  
P. O. Address..... *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.**