V. S. No. 2
100M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 19 1945

STANDARD CERTIFICATE OF DEATH

State File No. 35511

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9424

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: FIRMA DESLOGE HOSP O
(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:

(a) State MO (b) County 167

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3209 CHEROKEE ST 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Kraus, Edward

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife JOHANNA

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased APRIL (Month) 13 (Day) 1886 (Year)

8. AGE: Years 59 Months 6 Days 17 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation ICE + COAL BUSINESS

11. Industry or business SELF

FATHER
12. Name JOHN KRAUS
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name MARY SCHNELL
15. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant JOHANNA KRAUS
(b) Address 3209 CHEROKEE ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11 (Month) 3 (Day) 45 (Year)
(c) Place: burial or cremation ST MATTHEWS

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 SO. KINGSHIGHWAY

19. (a) OCT 31 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th year 1945 hour 12 minute 17 P.M.

21. I hereby certify that I attended the deceased from October 29, 1945, to October 30, 1945; that I last saw him alive on October 30, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive failure due to coronary occlusion	4 days
Due to Chronic glomerular nephritis	uncertain
Hypertensive cardio-vascular disease	uncertain
Due to Diabetes mellitus (mild)	6 yrs
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Roscoe P. Canney Jr O (M. D. or other)

Address 1325 So. Grand Blvd Date signed 10-31

(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 Edwin D. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address.....

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.