V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11338

FILED MAR 27 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2545

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

10250

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: Barnes Hospital, 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 Missouri (b) County 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2320 Bellevue NR. 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kraushaar, Fred Sr
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Florence
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Feb. (Month) 12th (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
63	1	2	hr. min.

9. Birthplace St. Louis, MIssouri (City, town, or county) (State or foreign country)
10. Usual occupation Auditor
11. Industry or business
FATHER
12. Name Charles F. Kraushaar
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Louisa Beckmann
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) O
16. (a) Informant Florence Kraushaar
(b) Address 2320 Bellvue Ave. Maplewood, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo.
19. (a) MAR 18 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 14
year 1946 hour 10 minute 45 P. M.
21. I hereby certify that I attended the deceased from 3-12, 1946 to 3-14, 1946
that I last saw him alive on 3-14, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	
Due to Thrombosis of left lenticulo striate artery	
Due to Arteriosclerosis, generalized	
Other conditions Arteriosclerotic heart disease and hypertensive cardiovascular disease (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations
Of autopsy

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 F R Bradley (M. D. XXXX)
Address Barnes Hospital Date signed 3-18-46

(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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.