S. No. 2
1—12-45
7. 5-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31935

FILED OCT 14 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8461

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:
Missouri Baptist Hospital x
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 95

(c) City or town Ladue
(If outside city or town limits, write "RURAL")

(d) Street No. # 17 Clermont Lane NR
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ERNEST J. KRAUSE.

3. (b) If veteran, name war NONE.

3. (c) Social Security No. 491-14-9936

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Louise R. Krause.

6. (c) Age of husband or wife if alive 73. years

7. Birth date of deceased AUGUST, 26, 1871. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75.	1.	4.	hr. min.

9. Birthplace ST. LOUIS, (City, town, or county) MISSOURI. (State or foreign country) 1

10. Usual occupation PRESIDENT.

11. Industry or business Columbia Quarry Co. 5

FATHER
12. Name JOHN KRAUSE.
13. Birthplace SWITZERLAND. (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name LUCY BULL.
15. Birthplace ENGLAND. (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Louise J. Krause.
(b) Address # 17 Clermont Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) OCT 1 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1946 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from July 13, 1945, to Sept 30 1946 that I last saw him alive on Sept 30 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Infarction of Myocardium (Coronary Occlusion)	hours.
Due to Coronary sclerosis	years
Due to	
Other conditions (Include pregnancy within 3 months of death) Carcinoma of prostate	2yrs
Carcinomatosis	

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 0

23. Signature Raymond Williams (M. D. or other)
Address 114 N. Taylor, St. Louis Date signed 10-1-46

(Licensed Embalmer's Statement on Reverse Side)

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

30755

Bey 0300
#23 Clermont
Lab 7 Warson

Dr.Roland Kieffer.
4500 Olive St.
FO 3800
1 to 3 P.M.

NOV 4 1947

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood 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.