

FILED MAY 29 1947 318

Registration District No.

Primary Registration District No.

1003

Registrar's No. 5085

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..... CHRISTIAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 2 days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. #10 Box 758 | 1
NR. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... MARY LOUISA KRAUSE

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

4. Sex..... FEMALE
5. Color or race..... white
6. (a) Single, widowed, married, divorced..... MARRIED
6. (b) Name of husband or wife..... FREDERICK G. KRAUSE
6. (c) Age of husband or wife if alive..... 75 years
7. Birth date of deceased..... October 17 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 1 hr. min

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

10. Usual occupation..... at home

11. Industry or business..... none

12. Name..... Carl Schulz

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

14. Maiden name..... Anna Muecke

15. Birthplace..... Unknown (City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. E. Kuehl

(b) Address..... Rt. #10 Box 758 Ferguson, Mo

17. (a) Burial, cremation, or removal..... Burial (b) Date thereof..... 5-21-47
(Month) (Day) (Year)

(c) Place: burial or cremation..... Memorial Park

18. (a) Signature of funeral director..... A. Row & Co

(b) Address..... 2707 North Grand

19. (a) MAY 20 1947 (Date received local registrar)

(b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 18
year..... 1947 hour..... 11 minute..... 53 p.m.

21. I hereby certify that I attended the deceased from..... Sept 9 1945 to..... May 18 1947
that I last saw him alive on..... May 18 1947
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death.....
Carcinomatosis of right lung
(originating in right breast)
Due to..... Carcinoma of both breasts
and sternum

Other conditions..... (Include pregnancy within 3 months of death) 50

Major findings:
Of operations.....
Of autopsy..... as above

PHYSICIAN

Underline the cause of 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..... H. Kleinert (M. D. or other) M.D.
Address..... 5074 N. Union Date signed..... 5-20-47

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

MOTHER FATHER

100
117
9

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.....

Stanley H. Dillon

Licensed Embalmer No.....

4193

P. O. Address.....

St. Louis

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.