

National Office of Vital Statistics
FILED SEP 18 1947
Registration District No. **318**

Primary Registration District No. **1003**

State File No. _____
Registrar's No. **8431**

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

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days**
(Specify whether
Several Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis 76**

(c) City or town **Kirkwood 4**
(If outside city or town limits, write "RURAL")

(d) Street No. **741 N. Taylor Ave. 3**
(If rural, give location)

(e) Citizen of foreign country? **No. 1** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **William A. Kraus**

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex **Male** () 5. Color or race **White**

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

6. (b) Name of husband or wife **Mattie H.**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **Oct. 25, 1883**
(Month) (Day) (Year)

8. AGE: Years **63** Months **10** Days **6** If less than one day
hr. min.

9. Birthplace **Buffalo, New York /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business.....

12. Name **William Kraus**

13. Birthplace **New York /**
(State or foreign country)

14. Maiden name **Emma Zosell**

15. Birthplace **New York /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mattie H. Kraus**

(b) Address **741 N. Taylor Ave., Kirkwood**

17. (a) **Burial** (b) Date thereof **9/5/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Resurrection Cem.**

18. (a) Signature of funeral director **Louis H. Bopp, Inc.**

(b) Address **131 W. Argonne Dr., Kirkwood**

19. (a) **SEP 5 1947** (b) **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **1**
year **1947** hour **11:00** minute **P.** A. M.

21. I hereby certify that I attended the deceased from **12/22** 19**44** to **9/1** 19**47**
that I last saw him alive on **9/1** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatosis** Duration **6 mos.**

Due to **Carcinoma of Bladder** **4 years**

Due to **52**

Other conditions (Include pre-mature within 3 months of death) **1**

Major findings: **Palatal uvelerodostomy** Underline the cause of which death should be charged statistically.
Of operations **Fall 1944 - Complete urinary bladder removal**
Of autopsy **marked liver metastases**
C. some necrosis - Rt. Kidney Hydronephrosis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

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?.....

While at work (Specify type of place) () Means of injury.....

23. Signature **John V. King** (M. D. or other) **King**
Address **671 E. Bes. Park Rd** Date signed **9/3/47**

MOTHER FATHER

NOV 15 1927

8431

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 Felix Duand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22) 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.