

National Office of Vital Statistics  
**FILED NOV 28 1947**

Registration District No. ....

**318**

Primary Registration District No. ....

**1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**6618 Elmer Av**  
(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.....  
(c) City or town **St. Louis Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6618 Elmer Av**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Ruth Krausse**

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

3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married,  
divorced **Single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife in  
years

7. Birth date of deceased **Feb 13 1906**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**41 9 2** hr. min.

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

10. Usual occupation **Retired**

11. Industry or business.....

12. Name **William Krausse**

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

14. Maiden name **Hattie Kamlen**

15. Birthplace **St Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hattie Krausse**

(b) Address **6618 Elmer Av**

17. (a) **Cremation** (b) Date thereof **11/15/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Norm B. M... ..**

(b) Address **1926 Allen Av**

19. (a) **NOV 15 1947** (b) **J. F. Brede...**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **15**  
year **1947** hour **1:00** minute **20** A. M.

21. I hereby certify that I attended the deceased from **March**  
19**45** to **Nov. 15**, 19**47**.  
that I last saw her... alive on **Nov. 15**, 19**47**.  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Carcinoma of left breast (scirrous cell) with metastases**

Due to **metastases of Carcinoma**

Due to **AD**  
Other conditions (Include pregnancy within 3 months of death)

Major findings: **Scirrous cell Carcinoma**  
Of operations **May 1945**

Of autopsy **None**

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?..... Means of injury.....

23. Signature **Normed Miller** M. D. or other  
Address **3610 S. Broadway** Date signed **Nov 15 1947**

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

MOTHER FATHER

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 me

..... Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Benjamin J. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave

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.