

BUREAU OF THE CENSUS
FILED JAN 16 1948
318

Registration District No.

Primary Registration District No.

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... One Week
(Specify whether
in this community..... 69 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 0-00
(c) City or town..... St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2010 Sidney Street (If rural, give location) 9
(e) Citizen of foreign country?..... No (Yes or No) 13
If yes, name country.....

3. (a) PRINT FULL NAME

William Kraha

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

3. (c) Social Security
No. 486-14-799

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married,
divorced. Married
6. (b) Name of husband or wife..... Amalia Lauth 6. (c) Age of husband or wife if
alive..... 65 years
7. Birth date of deceased..... October 14 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 2 22
hr. min.

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

10. Usual occupation..... Laborer

11. Industry or business..... Duro Chrome Corp.

MOTHER FATHER

12. Name..... William Kraha
13. Birthplace..... Germany
(City, town, or county) (State or foreign country)
14. Maiden name..... Carolina Beckemeier
15. Birthplace..... Germany
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Amalia Kraha
(b) Address..... 2010 Sidney Street

17. (a) Burial (b) Date thereof..... Jan. 9 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Our Redeemer Cemetery

18. (a) Signature of funeral director..... Beiderwieden Funeral Home Inc
(b) Address..... 1936 St. Louis Avenue

19. (a) JAN 8 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th
year..... 1948 hour..... 12 minute..... 30 P.M.
21. I hereby certify that I attended the deceased from..... 12-31-47
..... 19..... to..... 1-6-..... 19..... 48
that I last saw him alive on..... 1-6-..... 19..... 48
and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary artery Duration
Stomach..... Monday
inlet

Due to..... Not known
Due to..... HL

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:..... No operation
Of operations.....
Of autopsy..... No

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?.....

23. Signature..... [Signature] (M. D. or other) 0
Address..... 505 No. 9th Date signed..... 1-7-48

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

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.....
Walter Paulson

Licensed Embalmer No. *4114*

P. O. Address. *1936 St. Louis 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.