S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 2738
Registrar's No. 206

FILED JAN 16 1948
Registration District No. 318
Primary Registration District No. 1003

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: Lutheran Convalscent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. Lutheran Conv. Home. 9
4360 Beethoven 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lena 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 Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 25th, 1860 (Month) (Day) (Year)

8. AGE: Years 87 | Months 10 | Days 11 | If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Francis Romer
13. Birthplace Not known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) (State or foreign country)
16. (a) Informant Hattie Wolfer
(b) Address 6619 Leona St.,
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director J. L. Ziegenhein
(b) Address 7027 Gravois Ave.
19. (a) JAN 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 6th
year 1948 hour 5 minute A. M. M.
21. I hereby certify that I attended the deceased from Dec 15/47, 19 to January 6 1948
that I last saw her alive on January 4th, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis
Due to Arterial Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death) 9
Major findings:
Of operations
Of autopsy

Duration
1 yr
10 yrs

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 W. A. Schlueter M.D. (M. D. or other)
Address 4724 Gravois Date signed 1/7/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

## 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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

**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.**