

FILED OCT 23 1948 818
Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1916a Macklind Ave.
(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 Mo. (b) County Ass

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1916a Macklind Ave. 7
13 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 6

If yes, name country _____

3. (a) PRINT FULL NAME LEO KRAUSE

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amelia

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

7. Birth date of deceased Dec. 26 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 9 11 hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business Chase Candy Co.

12. Name Ferdinand Krause

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

14. Maiden name Johanna Unknown

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

16. (a) Informant Mrs. Amelia Krause

(b) Address 1916a Macklind Ave.

17. (a) Burial (b) Date thereof 10-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 S. Kingshighway Bl.

19. (a) OCT 8 1948 (b) J. B. Locater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1948 hour 7:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6-15-42
_____ 19____ to 10-7-48 1948

that I last saw him alive on 10-7-48 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis Duration 7 days

Myocarditis 6 yrs.

Hypertension 6 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Iselave Dahmer (Specify type of place) (e) Means of injury 0

Date signed _____ (M. D. or other) _____

Address 1702 St Grand

1952 J. Grand 1:50-7

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 So King Highway

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.