

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3577

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Washington				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. LENGTH OF STAY (In this place) 46 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ashley		d. STREET ADDRESS (If rural, give location) Route #2		
3. NAME OF DECEASED (Type or Print) AUGUST A. KRAUDEL			4. DATE OF DEATH (Month) (Day) (Year) January 11, 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 23, 1892		
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Nashville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME August Kraudel			13b. MOTHER'S MAIDEN NAME Katherine Gajewski			14. NAME OF HUSBAND OR WIFE Augusta Kraudel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-I		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME VAH ADDRESS EUGENE F. NOLAN, Registrar, Jeff. Brks., Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PROSTATE WITH DISTANT METASTASIS AND URETERAL OBSTRUCTION ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) 1777 518 II. OTHER SIGNIFICANT CONDITIONS BILATERAL PYELONEPHRITIS; UREMIA <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH Unknown	
19a. DATE OF OPERATION -		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Nov. 26, 1948 , to January 10, 1949 , that I last saw the deceased alive on Jan. 10, 1949 , and that death occurred at 7:25 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE L. E. Stilwell (Degree or title) M.D.				23b. ADDRESS VAH, Jefferson Barracks, Mo.		23c. DATE SIGNED 1/11/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-11-49		24c. NAME OF CEMETERY OR CREMATORY Ashley Cemetery		24d. LOCATION (City, town, or county) (State) Ashley, Ill.		
DATE REC'D BY LOCAL REG. 1-11-49		REGISTRAR'S SIGNATURE Thurid G. Langer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.H. Hoppe, Inc., 4700 Washington, St. Louis, Mo.				

APR 7 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Frank J. Paul
Licensed Embalmer No. *29645*

P. O. Address *St. Louis*

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.