

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4069 State File No. 11720
5166 Registrar's No. 739

14 0 0
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. _____ Registrar's No. 739

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>			2. USUAL RESIDENCE (Where deceased lived. If instituting residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis City</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Auxvasse Mo</u>		c. LENGTH OF STAY (in this place) <u>6 year</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 17</u>		d. STREET ADDRESS (If rural, give location) <u>4054 Shaw Ave,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>C 1</u>			d. STREET ADDRESS (If rural, give location) <u>9</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) _____ c. (Last) <u>Kraus</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 26 1949</u>		
5. SEX <u>mo</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 22 1880</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>62 5 4</u>	10. CITIZEN OF WHAT COUNTRY? <u>yes</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Superior of Home Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Austria</u>	12. CITIZEN OF WHAT COUNTRY? <u>yes</u>
13a. FATHER'S NAME <u>John Kraus</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Jules Kraus</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John P. Kraus 4054 Shaw Ave</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>was found dead in a room a parapneumony of some sort of heart failure</u>			INTERVAL BETWEEN ONSET AND DEATH _____		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>had a slight stroke about</u>			DUE TO (c) <u>1 year ago also</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7824		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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) _____
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. J. Barrett Coroner</u>			23b. ADDRESS <u>Luttwal Missouri</u>		23c. DATE SIGNED <u>4/26/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burnet Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>		
DATE REC'D BY LOCAL REG. <u>April 26-1949</u>		REGISTRAR'S SIGNATURE <u>Marella Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hughes Maupin Auxvasse Mo</u>	

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-9-49

MAY 10 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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, Mo.

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.