

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13908

FILED MAY 5 1949

State File No. _____
Registrar's No. **3553**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 3553		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Afton				
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital				d. STREET ADDRESS (If rural, give location) 9857 Berwick Dr.				
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle) A.		c. (Last) KRAUS		4. DATE OF DEATH (Month) (Day) (Year) Apr. 19 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 8, 1894		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 0 Days 11	IF UNDER 6 Wks. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler		10b. KIND OF BUSINESS OR INDUSTRY Drakraus Jly. Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Herbert Kraus			13b. MOTHER'S MAIDEN NAME Minnie Mattern		14. NAME OF HUSBAND OR WIFE Eleanor Kraus			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War 1		17. INFORMANT'S SIGNATURE OR NAME Eleanor Kraus ADDRESS 9857 Berwick Dr.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder Urinary ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 5 years	
19a. DATE OF OPERATION Nov 23/48		19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate				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) 322b.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 181X				
22. I hereby certify that I attended the deceased from Nov 20, 1948 to Apr 19, 1949 , that I last saw the deceased alive on April 19, 1949 , and that death occurred at 10:50 A.M., 1949 , on the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Joseph E. Glenn M.D.				23b. ADDRESS 458 Olive Bldg		23c. DATE SIGNED Apr 20/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 22, 1949		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. APR 20 1949		REGISTRAR'S SIGNATURE J. B. Suster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.				

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

LR
7-2

MAY 13 1945

[Handwritten signature]

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.

Signed Richard W. Stovessand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

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.