

FILED MAR 30 1951

STANDARD CERTIFICATE OF DEATH

State File No. 10313  
Registrar's No. 2292

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) 5220W Maplewood 4524	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 2538 Bredell Ave.	

3. NAME OF DECEASED a. (First) ELIZABETH (Type or Print)		b. (Middle)		c. (Last) KRAUS		4. DATE OF DEATH (Month) (Day) (Year) Mar. 8 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH May 1, 1872	
9. AGE (In years last birthday) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Highland, Ill.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Carl Hoffmann		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Late Carl Kraus	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Charles A. Kraus		ADDRESS 2538 Bredell Ave.	
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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) <i>Cardiac decompensation</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 to 2 mo</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i>				<i>10 yr</i>	
		DUE TO (c) <i>Senility</i>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <i>2 mm</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <i>443X</i>	

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? <i>443B</i>	
22. I hereby certify that I attended the deceased from <i>Jan 1, 1951</i> , to <i>3/8</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3/7</i> , 19 <i>51</i> , and that death occurred at <i>4:50P</i> m., from the causes and on the date stated above.					

23a. SIGNATURE <i>John M. D. D</i>		(Degree or title)		23b. ADDRESS <i>8501 Page</i>		23c. DATE SIGNED <i>3/13/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 12, 1951		24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>W. J. 2 REG</i> <i>J. B. Lester</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i>		ADDRESS 4228 S. Kingshighway Bl.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Edwin A. McGehee*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3024

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.