

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21547**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **2460**

1. PLACE OF DEATH a. COUNTY SAINT LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI COUNTY SAINT LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township), OR TOWN CLAYTON 4462	
c. LENGTH OF STAY (in this place) YEARS		d. STREET ADDRESS (If rural, give location) 901 CONCORDIA LANE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 901 CONCORDIA LANE			

3. NAME OF DECEASED a. (First) ERWIN b. (Middle) ANDREW c. (Last) KRAUSS			4. DATE OF DEATH (Month) (Day) (Year) June 20 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/27/82		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 5 Days 23	IF UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY Public acctg.		11. BIRTHPLACE (State or foreign country) Freeburg, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Andrew Krauss		13b. MOTHER'S MAIDEN NAME Barbara Wahl		14. NAME OF HUSBAND OR WIFE Blanche Youngblood Krauss	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 332-01-0419		17. INFORMANT'S SIGNATURE OR NAME Mrs Blanche Krauss ADDRESS 901 Concordia Lane	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis				6 mo	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. Diabetes Mellitus		2 1/2 yrs	

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 **6/10/51**, 19**51**, to **6/20/51**, 19**51**, that I last saw the deceased alive on **6/19/51**, 19**51**, and that death occurred at **2 A** m., from the causes and on the date stated above.

23a. SIGNATURE J. C. Williamson MD (Degree or title)		23b. ADDRESS 6336 Clayton Road		23c. DATE SIGNED 6/20/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/21/51		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows & Masonic	
				24d. LOCATION (City, town, or county) (State) Benton, Illinois	

DATE REC'D BY LOCAL REG. 6-20-51		REGISTRAR'S SIGNATURE Robert R. Donker, MD		25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster, Inc. ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Peter B. Dubouillet

Signed.....

Student Embalmer

Licensed Embalmer No. *3691*

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.