

No. 300
10/48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40035**

FILED DEC 8- 1951

BIRTH NO. _____ REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **36L3** Registrar's No. **3800**

1002

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORMANDY 4171	
c. LENGTH OF STAY (in this place) 3 DAYS		d. STREET ADDRESS (If rural, give location) 2929 CARSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION COUNTY HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA		b. (Middle) KRAUS	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 27, 1889
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	
11. BIRTHPLACE (State or foreign country) VIENNA, AUSTRIA 4		12. CITIZEN OF WHAT COUNTRY? —	
13a. FATHER'S NAME JOSEPH SEHETMEYER		13b. MOTHER'S MAIDEN NAME JOSEPHINE (UNK)	
14. NAME OF HUSBAND OR WIFE ARTHUR KRAUS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MRS. F. MAAS		ADDRESS 2929 CARSON	
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) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia	
INTERVAL BETWEEN ONSET AND DEATH 2 hours		5 yrs +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500	
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) (Min)		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 3-31 , 19 47 , to 11-23 , 19 51 , that I last saw the deceased alive on 11-21 , 19 51 , and that death occurred at 1:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE M. Norman Ortel		23b. ADDRESS W-410 508 North Grand, St. Louis	
23c. DATE SIGNED 11-23-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/26/1951	
24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE HEBREW		24d. LOCATION (City, town, or county) (State) UNIVERSITY CITY, MO	
DATE REC'D BY LOCAL REG. 11-25-51		REGISTRAR'S SIGNATURE Hubert A. ...	
25. FUNERAL DIRECTOR'S SIGNATURE ... BERGER		ADDRESS MEMORIAL 4715 Mc PHERSON AVE	

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.....

Quinn J. Anderson
.....
Licensed Embalmer No. 4889

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.