

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19594

FILED JUN. 10 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5249**

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 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 220 N. Kingshighway		d. STREET ADDRESS (If rural, give location) 2129 220 N. Kingshighway	

3. NAME OF DECEASED (Type or Print)	a. (First) LEO	b. (Middle) M.	c. (Last) KRAUS	4. DATE OF DEATH (Month) (Day) (Year)	5 24 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 23, 1859	9. AGE (In years last birthday) 93	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY Trunk Mf'g	11. BIRTHPLACE (State or foreign country) U.S.A.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Max Kraus	13b. MOTHER'S MAIDEN NAME Lena Stromberg	14. NAME OF HUSBAND OR WIFE Mollie L. Kraus
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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. none	17. INFORMANT'S SIGNATURE OR NAME Fay Kaufman	ADDRESS 275 N. Union Blvd
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio-sclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 years</i>
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>4200</i>
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22. I hereby certify that I attended the deceased from *1947*, to *May 24, 1953*, that I last saw the deceased alive on *May 22, 1953*, and that death occurred at *SA. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Herman M. Meyer M.D.</i> (Degree or title)	23b. ADDRESS <i>4409 West Pine</i>	23c. DATE SIGNED <i>3/25/53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE <i>5/25/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Sinai</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>
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DATE REC'D BY LOCAL REG. MAY 25 1953	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wray</i> ADDRESS <i>1256 Lindell Blvd</i>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address *St Louis 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.