

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **29032**

FILED AUG 16 1954

**318**

PRIMARY REG. DIST. NO. **1003** Registrar's No. **7201**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7201</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>71 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2010 Sidney St.</b>				d. STREET ADDRESS (If rural, give location) <b>23 2010 Sidney St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>AMALIE</b>		b. (Middle) <b>LOUISE</b>		c. (Last) <b>KRAH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 1, 1954</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 11, 1882</b>	
9. AGE (In years last birthday) <b>71</b>		10. UNDER 1 YEAR Months _____ Days _____		10. UNDER 1 MRS. Hours _____ Min. _____		9. AGE (In years last birthday) <b>71</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Lauth</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Jung</b>		14. NAME OF HUSBAND OR WIFE <b>William B. Krah</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-40-0161</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Esther Kiesler, 2010 Sidney St.</b>			
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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis Myocarditis</b></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>Yes</b>	
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) _____ m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4221</b>					
22. I hereby certify that I attended the deceased from <b>June</b> , 19 <b>54</b> , to <b>Aug 1</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>July 29</b> , 19 <b>54</b> and that death occurred at <b>6:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b> (Degree or title) _____				23b. ADDRESS <b>5203 Chippewa</b>		23c. DATE SIGNED <b>8/2/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug. 4, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Our Redeemer Cemetery</b>		24d. LOCATION (City, town, or county) (State); <b>St. Louis County, Mo.</b>	
DATE REC'D BY-LOCAL REG. <b>AUG 4 1954</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Heiderwieden F.H., Inc., 1936 St. Louis Av.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A. H. Bindbeutel  
3953 Holly Hills  
FL 2-2112

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. None

working under my personal supervision.

Student None  
Student Embalmer

Signed Richard J. Krupar

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.