

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42541

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11189**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis Mo.** c. LENGTH OF STAY (in this place) **12 days**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Jewish Hospital**
No. STREET ADDRESS (If rural, give location) **72 220 N. Kingshighway 21290**

3. NAME OF DECEASED (Type or Print) a. (First) **MOLLIE** b. (Middle) **LAUB** c. (Last) **KRAUS**
4. DATE OF DEATH (Month) (Day) (Year) **12 4 1954**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **August 20, 1861** 9. AGE (In years last birthday) **93** IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At home** 10b. KIND OF BUSINESS OR INDUSTRY **Housewife** 11. BIRTHPLACE (City and State or Foreign Country) **Louisville Ky.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Isaac Laub** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Leo M. KRAUS (DECEASED)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If no, give war or dates of service) **NI** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Ben J. Kaufman 275 N. Union.**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CORONARY OCCLUSION** INTERVAL BETWEEN ONSET AND DEATH **11 days**
ANTECEDENT CAUSES DUE TO (b) **ARTERIOSCLEROTIC HEART DISEASE** **SEVERAL YRS**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **8/19, 1953** to **12/4, 1954**, that I last saw the deceased alive on **12/4, 1954**, and that death occurred at **10:27 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Harry Eggen** (Degree or title) **MD** 23b. ADDRESS **634 N. GRAND** 23c. DATE SIGNED **12/7/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **12/6/54** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Sinai** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL **DEC 8 1954** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Wayer** ADDRESS **4356 Lindell Blvd**

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.....
Signature of Student Embalmer

Signed *Paul A. Wachter*

Licensed Embalmer No. *4787*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.