

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6286

State File No.

1381

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY 2339	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				STREET ADDRESS (If rural, give location) 23 2014 VICTOR					
3. NAME OF DECEASED (Type or Print) a. (First) EMIL		b. (Middle) _____		c. (Last) KRAUS		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 12, 1955			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 12-23-1884			
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOSEPH KRAUS		13b. MOTHER'S MAIDEN NAME BARBARA UAK		14. NAME OF HUSBAND OR WIFE ANNA KRAUS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-28-1011		17. INFORMANT'S SIGNATURE OR NAME MARIE KERCHNER-214 KAPPEL DR.					
18. MEDICAL CERTIFICATION 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) Congestive heart failure				INTERVAL BETWEEN ONSET AND DEATH 2 mo			
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. Gangrene left 3rd toe							
19a. DATE OF OPERATION 1-26-55		19b. MAJOR FINDINGS OF OPERATION Gangrene left 4th toe				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? 4501					
22. I hereby certify that I attended the deceased from 1-15-55 , 19____, to 2-12-55 , 19____, that I last saw the deceased alive on 2-12-55 , 19____, and that death occurred at 12:30A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Harvey R. Beman M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 2-14-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-18-55		24c. NAME OF CEMETERY OR CREMATORY ST. PETER & PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO			
DATE REC'D BY LOCAL REG. FEB 14 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS SOUTHERN FUNERAL HOME 6322 So. Grand					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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.....
David Van Lissen

Licensed Embalmer No. *438*

P. O. Address *6322*

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.