

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

State File No. **17916**

No. 300.
10.48

FILED JUL 11 1955

Registrar's No. **172**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If in institution, give name of institution) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY OR TOWN University City	
c. LENGTH OF STAY (in this place) 6 mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #1, Fulton, Mo.		e. STREET ADDRESS (If rural, give location) 7276 Princeton	

3. NAME OF DECEASED (Type or Print) a. (First) ALEXANDER S. b. (Middle) KRAUS c. (Last) KRAUS			4. DATE OF DEATH (Month) (Day) (Year) July 5, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH June 24, 1884		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR (Days) 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAWYER		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Cleveland, Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME ALBERT KRAUS		13b. MOTHER'S MAIDEN NAME BERNICE LIVING		14. NAME OF HUSBAND OR WIFE D. K.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) DK		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Records of State Hospital #1, Fulton, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE TO (b) Senile Psychosis DUPLICATE TO (c) 491X			INTERVAL BETWEEN ONSET AND DEATH 1 Day 5 years

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		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 **June 11, 1955**, to **July 5, 1955**, that I last saw the deceased alive on **July 5, 1955**, and that death occurred at **7:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Frank J. Nichols, M.D.		23b. ADDRESS State Hospital #1, Fulton, Mo.		23c. DATE SIGNED July 5, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE July 6, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Clair	
24d. LOCATION (City, town, or county) (State) Cleveland Ohio					

DATE REC'D BY LOCAL REG. July 9 - 1955		REGISTRAR'S SIGNATURE North Lawrence		FUNERAL DIRECTOR'S SIGNATURE Mauspin Funeral Home	
		426-		ADDRESS Fulton	

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 *J. J. Ross*.....
Licensed Embalmer No. *288*
P. O. Address *Bullton*.....

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.