

FILED DEC 17 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 43670
Registrar's No. 290

Registration District No. 47 Primary Registration District No. 3088

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Crestwood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp.		Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location) 1020 Ponderosa Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Harold Middle Krause Last Krause			4. DATE OF DEATH Month Dec. Day 8 Year 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1916	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Nails	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edwin Krause	13b. MOTHER'S MAIDEN NAME Elmina Repvogle	14. NAME OF HUSBAND OR WIFE
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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) unknown	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Mrs. Harold Krause	Address Crestwood Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Concussion		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of right Femur		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2 car accident hiway 40 east of Williamsburg Mo.
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20c. TIME OF INJURY Hour 12 Month 6 Day 57 Year p.m.	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway	20f. CITY, TOWN, OR LOCATION East of Williamsburg	COUNTY Callaway	STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Nancy A. Stewart (Degree or title) Coroner	22b. ADDRESS Fulton Missouri	22c. DATE SIGNED Dec. 9, 57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/12/57	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) St. Louis Mo.	(State)
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24. FUNERAL DIRECTOR Maryann Tamm Home	ADDRESS Fulton Mo	25. DATE RECD. BY LOCAL REG. Dec. 14 - 1957	26. REGISTRAR'S SIGNATURE Maretta Lawrence
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Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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. *2555*

P. O. Address *H. H. Ross*

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.