IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 8 1960

60-007769
STATE FILE NUMBER

NDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY St Charles	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles — Length of stay in 1b	c. CITY OR TOWN Peruque — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) Peruque Mo — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: William	Middle	Last: Krause	4. DATE OF DEATH Month Day Year: Feb. 27 1960	
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 7/1/1887	9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (City and state or country): Calhoun Co. Ill	12. CITIZEN OF WHAT COUNTRY: USA	
13a. FATHER'S NAME: Charles Krause	13b. MOTHER'S MAIDEN NAME: Kinder	14. NAME OF HUSBAND OR WIFE: Bertha Krause		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 357-10-8248	17. INFORMANT: Mrs Bertha Krause Peruque Mo (Address)		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr 40 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c) Coronary Insufficiency

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Mar 1956, to 15 Feb 1960 and last saw him alive on 15 Feb 1960

Death occurred at 9:24 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE René J Du Montier MD (Degree or title) — 22b. ADDRESS O Fallon Mo — 22c. DATE SIGNED 3-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE 3/3/60 — 23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery — 23d. LOCATION (City, town, or county) (State): St Charles Mo

24. FUNERAL DIRECTOR ADDRESS: Arthur C Baue St Charles Mo — 25. DATE RECD. BY LOCAL REG.: 3/2/60 — 26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER APR 4 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 2155

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.