

FILED FEB 24 1942 791 Registration District No. Primary Registration District No. 100 Registrar's No.

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: 6722 Hancock Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6722 Hancock Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Kraus
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan, day 30th, year 1942, hour 1:20 minute P. M.
21. I hereby certify that I attended the deceased from 4/7, 1941, to 1/30, 1942
that I last saw him alive on 1/30, 1942, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary E. Kraus 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Feb. 27th 1883
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 1 day
Due to Hypertension 1 year
Due to _____
Other conditions (include pregnancy within 3 months of death) None
Major findings: Of operations None
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
58 11 3 hr. min.

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Brewery worker

11. Industry or business Falstaff Brewery

12. Name John Kraus

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Feldmeyer

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Kraus

(b) Address 6722 Hancock Ave.

17. (a) Burial (b) Date thereof 2-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Joseph Hauser, Mortician

(b) Address 4238 So. Kingshighway Blvd.

19. (a) JAN 24 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature John H. Kennedy (M. D. or other) MD
Address 3115 26th St Date signed 1/30/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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17
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Mr. John J. Donnelly
315 - 40 Street Br 1600
Fr 003-4

7-9

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Reinhold K. Lehmann

Licensed Embalmer No. 3395

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.