. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35595

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9856

1. PLACE OF DEATH:

(a) County
(b) City or town ST LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1480 BLACKSTONE 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 17 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000 6 17 9
(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 1480 BLACKSTONE (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ISAAC KRAUS
3. (b) If veteran, name war NO
3. (c) Social Security No. —
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife IDA KRAUS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
Apt	79			hr. min.

9. Birthplace (City, town, or county) RUSSIA 6 (State or foreign country)
10. Usual occupation JUNK DEALER
11. Industry or business RETIRED
FATHER
12. Name HARRY KRAUS
13. Birthplace (City, town, or county) RUSSIA 6 (State or foreign country)
MOTHER
14. Maiden name PIA
15. Birthplace (City, town, or county) RUSSIA 6 (State or foreign country)
16. (a) Informant Ida Kraus
(b) Address 1480 BLACKSTONE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Chevrah KADISHA
18. (a) Signature of funeral director Chenhandler
(b) Address 4469 Washington
19. (a) NOV 26 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1942 hour 1 minute 8 M.
21. I hereby certify that I attended the deceased from ~~Sept~~ 9, 1928, to Nov. 25, 1942 that I last saw him alive on Nov. 25, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 hr.
Due to: Generalized Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 610-13 Metropolitan Bldg Date signed 11/26/42

(Licensed Embalmer's Statement on Reverse Side)

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.

Not Embalmed

Signed W. J. Oenhandler

Licensed Embalmer No. 3669

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.