

1. PLACE OF DEATH a. COUNTY <b>Bexar</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Bexar</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>San Antonio</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>San Antonio</b>	
c. LENGTH OF STAY in l. b. <b>58 years</b>		d. STREET ADDRESS (If rural, give location) <b>4032 East Southcross BLVD #2505</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>DOA Southeast Baptist Hospital</b>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) a. First <b>JOHN</b> b. Middle <b>WILLIAM</b> c. Last <b>KRAUS, SR.</b>			4. DATE OF DEATH <b>January 2, 1976</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIAGE STATUS Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>4-26-1917</b>		9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	
11. BIRTHPLACE (State or foreign country) <b>Los Angeles, California</b>		12. CITIZEN OF WHAT COUNTRY? <b>United States</b>			
13. FATHER'S NAME <b>John L. Kraus</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Graves</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Not available</b>		17. INFORMANT <b>Donna M. Kraus</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <b>TEXAS DEPARTMENT OF HEALTH</b> <b>RECEIVED FEB 9 1976</b> <b>BUREAU OF VITAL STATISTICS</b>		<b>Myocardial Infarction</b>			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH			

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.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month		Day		20d. INJURY OCCURRED			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION <b>Fort Sam Houston</b>				COUNTY		STATE	

21. I hereby certify that I attended the deceased from _____ on _____ 19____ Death occurred at <b>7:30 p.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Russell M. D.</b>		22b. ADDRESS <b>527 Wheeler, San Antonio, Texas</b>		22c. DATE SIGNED <b>1-19-76</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-7-1976</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Fort Sam Houston National Cemetery</b>			
23d. LOCATION (City, town, or county) <b>Fort Sam Houston</b>		(State) <b>Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas A. Franklin #6679</b>		25. REGISTRY'S SIGNATURE <b>Thomas A. Franklin</b>	
25a. REGISTRAR'S FILE NO. <b>271</b>		25b. DATE REC'D BY LOCAL HEALTH DEPT. <b>JAN 20 1976</b>		25c. REGISTRAR'S SIGNATURE <b>Thomas A. Franklin</b>			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS  
 MEDICAL CERTIFICATION  
 Spouse: Donna M. Kraus  
 44-3  
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