

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

✓ 26541
File No. _____
Registered No. 7694
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St Louis (No. 4505, Holly)

2. FULL NAME

Maria Kruse
(a) Residence, No. 4505 Holly St. 10 Ward. _____

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Conrad Kruse</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 24 1947</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>2</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis</u> <u>mo</u>		
13. NAME <u>Peter Siemers</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Denmark</u>		
15. MAIDEN NAME <u>Maria Wessels</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Christine Kruse</u> (ADDRESS) <u>4505 Holly</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>July 13</u> 19 <u>51</u>		
19. UNDERTAKER <u>A. J. Don L. & Co.</u> (ADDRESS) <u>2207 1st Grand Blvd</u>		
20. FILED <u>LL 20 1951</u> <u>May C. Starck</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 9 1951

22. I HEREBY CERTIFY, That I attended deceased from JULY 1 1951, to JULY 9 1951
I last saw him alive on JULY 9 1951 Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:
CHRONIC MYOCARDITIS Date of onset 1928
is. 191
1950
47

Other contributory causes of importance:
CHRONIC PARENCHYM-ATOUS NEPHRITIS 1929
ARTERIO SCLEROSIS (GENERAL)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Francis J. Medlin D.
(Address) 4114 W. Florissant St

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

