OCT 14 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH

32741
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis

Registration District No. 1003
Primary Registration District No.
Registered No. 8795

(d) Street No. City Hospital No.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 8713

2. PRINT FULL NAME Anna Kruse

(a) Residence, No. 1409 Salisbury St. 26
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Kruse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1874

7. AGE: YEARS 63 | MONTHS — | DAYS 7 | If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. hwk at home
9. Industry or business in which work was done, as 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) St. Louis, Missouri

FATHER
13. NAME Unknown Welty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hosp. Info M. Kent
(ADDRESS) 1515 Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Sep 22d 1937

19. FUNERAL DIRECTOR Edward Kork
(ADDRESS) 3516 N 14 St

20. FILED SEP 21 1937 J. J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18/37

22. I HEREBY CERTIFY, That I attended deceased from 9/15/37 to 9/18/37

I last saw her alive on 9/18/37. Death is said to have occurred on the date stated above, at 11.50 p m.

The principal cause of death and related causes of importance were as follows:

Acute cholecystitis
Diabetes mellitus
no stones

Date of onset

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 9-17-37
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) M. A. Casberg M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, B. W. Finn, Licensed Embalmer No. 1591

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed B W Finn

Licensed Embalmer No. 1591

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.)