

REC'D MAY 6 1938

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

15923  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
 (b) Township Carondelet Primary Registration District No. 200  
 (c) City ..... (d) Street No. 5344 Vine St. Registered No. 700  
 (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.

2. PRINT FULL NAME Emelia Kruse 620

(a) Residence, No. 5344 Vine St. St. Louis, Co. St. (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of George C. Kruse  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1859  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Nesphalew 6  
 (STATE OR COUNTRY) Germany

FATHER 13. NAME Joseph Quickert 6

14. BIRTHPLACE (CITY OR TOWN) Germany 6  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Josephine Schuster

16. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Ruth Butler  
5344 Vine St. St. L. County

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Apr. 15, 1938

19. FUNERAL DIRECTOR (ADDRESS) Allen W. McLaughlin  
2301 Lafayette Ave.

20. FILED 4-16 1938 R. Meyer M.D. Dist. 2  
 Local Registrar. 707

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13 1938  
 22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937, to 4-13, 1938  
 last seen alive on 4-13, 1938 Death is said to have occurred on the date stated above, at 8 P. m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset  
Chronic Pericarditis  
90  
 Other contributory causes of importance:  
Chronic Gastroenteritis  
 Name of operation none Date of none  
 What test confirmed diagnosis? symptoms Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury none  
 Where did injury occur? none  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury none  
 Nature of injury none  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify no  
 (Signed) Dr. R. Meyer M.D. Dist. 2, M. D.  
 (Address) 5344 Vine St. St. Louis

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.

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

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

L. E.

No. 3633 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed L. R. Cooper  
Licensed Embalmer No. 3633

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.)