

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.

REC'D JUN 7 1938

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

19478
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township St. Ferdinand Primary Registration District No. 200 Registered No. 856
 (c) City Jennings (d) Street No. 2128 Hord Ave. 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.

2. PRINT FULL NAME Mary Kruse

(a) Residence, No. 2128 Hord Ave. 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) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1862

7. AGE YEARS 76 MONTHS 0 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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, Mo.

FATHER 13. NAME Frank Linhoff,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Margaret Piepenbrier
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Margareth Kruse,
 (ADDRESS) 2128 Hord Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 5/16/38

19. FUNERAL DIRECTOR W. A. Stock Und. Co.
 (ADDRESS) 2117 E. Grand Blvd.

20. FILED 5-13 19 38 G. R. Meyer, M.D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1938, to 5-12, 1938

I last saw her alive on 5-12, 1938. Death is said to have occurred on the date stated above, at 2.20 P. M.

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

Acute myocarditis
93A

Date of onset 2 wks.

Other contributory causes of importance:

Arteriosclerosis
Hypertension

20 yrs
"

Name of operation none Date of no

What test confirmed diagnosis? physical Was there an autopsy? no

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? no

If so, specify _____
 (Signed) G. R. Meyer, M.D. M. D.

(Address) 340 Penna

Dr. G H Klemberfuss.
Cor. 4940-
340 Bermuda.

STATEMENT BY LICENSED EMBALMER

Frank A. Moore, Licensed Embalmer No. 3041
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 Frank A. Moore
Licensed Embalmer No. 3041

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.)