

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

31138
 Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **1008**

(b) Township..... Primary Registration District No. Registered No. **8575**

(c) City **ST LOUIS** (d) Street No. **5322 SAVOY CT.** St. **632**
 (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 **HERMAN KRUTZSCH**

(a) Residence, No. **5322 SAVOY CT** St. **12** (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 **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWER**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **MINNA KRUTZSCH**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MARCH 29-1843**

7. AGE YEARS **95** MONTHS **6** DAYS **0** If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as saw mill, bank, etc. **BALL ICE**

10. Date deceased last worked at this occupation (month and year) **MAY 1930** Total time (years) spent in this occupation

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

13. NAME **KRUTZSCH**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

MOTHER 15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT (ADDRESS) **MRS. T.W. FELSCH 5322 SAVOY CT**

18. BURIAL, CREMATION, OR REMOVAL PLACE **VALHALLA CREMATORY** DATE **OCT. 1 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **L.M. MULLEN 5765 DELMAR BLVD.**

20. FILED **SEP 30 1938** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 29th 1938**

22. I HEREBY CERTIFY, That I attended, deceased from **September 29th 1938** to **Sept 29th 1938**

I last saw him alive on **Sept 28th 1938**. Death is said to have occurred on the date stated above, at **6:49 a.m.**

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

Date of onset **9/24/38**

Pneumonia

Other contributory causes of importance: **Myocardial disease (Chronic) ?**
Senility Chr. myocarditis

Name of operation **None** Date of
 What test confirmed diagnosis **Phys findings** 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) **August S. Richardson** M. D.
 (Address) **2466 Maryland Ave**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Howard G. Rowland

Licensed Embalmer No. *3114*

P. O. Address

Stennis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.