

DEC'D MAR 13 1939

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

791  
1008

4617

Do not use this space.

1310

**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) or **St. Louis Missouri.** (d) Street No. **Desloge Hospital** 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** Edna Krue

(a) Residence, No. St. **NR** **Gerald Missouri.**  
 (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 **Henry Krue**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 27, 1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**43 3 12**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 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) **Gerald Missouri**

FATHER 13. NAME **F.W. Stocklas**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

MOTHER 15. MAIDEN NAME **Mi nie K. Knoop**

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

17. INFORMANT (ADDRESS) **Arthur H. Stoklas 3100 Abner Place**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Union Mo.** DATE **Feb. 9, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Albert H. Hoppe Inc. 4700 Washington Blvd.**

20. FILED **J.P. Brudeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/9/39** 19

22. I HEREBY CERTIFY, That I attended deceased from **1/21/39**, 19, to **2/9/39**, 19

I last saw h. or alive on **2/8/39**, 19. Death is said to have occurred on the date stated above, at **7:15 a.m.**  
 The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease **Uncertain** (Date of onset)  
 Adhesive Pericarditis **Uncertain**  
 Broncho-pneumonia **2/3/39**  
 (Influenza bacillus and staphylococcus)

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following: **No**  
 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.O. Brown**, M. D.

(Address) **1325 S. Grand Blvd.**

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 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 Ray W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

**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.)**

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