

10-3-39  
21492

MAY 15 1940  
Registration District No. **791**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_  
Registrar's No. **3281**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Johns Hospital.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Hubert A. Krueger. **626**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
 6. (b) Name of husband or wife Alvina Krueger. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 4th. 1898.  
(Month) (Day) (Year)

**8. AGE:** Years 41 Months 10 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Illinois.  
(City, town, or county) (State or foreign country)

10. Usual occupation Cleaning.

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name Henry Krueger.  
 13. Birthplace Illinois.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Harmening.  
 16. Birthplace St. Louis.  
(City, town, or county) (State or foreign country)

15. (a) Informant Elizabeth Krueger  
 (b) Address 7321 Colgate Ave

17. (a) Burial (b) Date thereof 4-10-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly  
 (b) Address 3840 Lindell Blvd

19. (a) APR 9 1940 J. F. Brudick  
(Date received local registrar) (Registrar's Signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis.  
 (c) City or town University City, Mo. NR  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7321 Colgate Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 8th.  
 year 1940 hour 2. minute 35 AM.  
 21. I hereby certify that I attended the deceased from March 4  
 \_\_\_\_\_, 1940 April 8, 1940  
 that I last saw him alive on April 7, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous (abdominal)  
 Due to primary site probably pancreatic or peritoneal  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy Carcinomatous - abd

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Pierce W. Davies (M. D. or other) M. D.  
 Address 2531 1/2 Jefferson Date signed 4/8/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

25312  
2-4

**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 W. Van Matre  
Licensed Embalmer No. 2825  
P. O. Address 4340 Lafayette

**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.**