

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1940
1874

Registration District No. _____

Primary Registration District No. 200

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Chesterfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: home Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community 22 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Chesterfield, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME AUGUST C. KRUEGER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sep. 15 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>0</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Frederick Krueger

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Adameyer

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Krueger

(b) Address Robertson, MPO #1

17. (a) Burial (b) Date thereof 10-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ann's Catholic Church

18. (a) Signature of funeral director Edmund Brodie

(b) Address 2504 W. Woodland - Overland, Mo.

19. (a) OCT - 5 1940 (b) K. M. S. D. W.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1940 hour 4 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Aug. 24th
_____, 1940, to Oct. 3rd., 1940,
that I last saw h. in alive on Oct 2nd, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration 2 yrs

Due to Arteriosclerosis and Chronic Endocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 92a

Of autopsy _____

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 W. T. Douglas Blaylock (M.D. or other) 3

Address Hamburg, Mo. Date signed 10/14/40

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

MOTHER FATHER

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 *Gustave R. Bauman*

Licensed Embalmer No. *2315*

P. O. Address *Overland, W.V.*

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, fact should be so stated above: