

No. 2
1-13-40
-17-39
I X23159

FILLED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8551**
Registrar's No. **1961**

Registration District No. **791** Primary Registration District No. **1003**

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

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: **4137 W. Carter Ave /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community **Birth**
years, months or days)

3. (a) PRINT FULL NAME **Della Kruse**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Julius A. Kruse**
6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **August 31, 1877**
(Month) (Day) (Year)

8. AGE: Years **63** Months **5** Days **26** If less than one day hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER
12. Name **Henry Twellmann**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Not known**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr Julius A. Kruse**
(b) Address **4137 W. Carter Ave**

17. (a) **Burial** (b) Date thereof **3/3/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

19. (a) **MAR 2 1941** (b) **J. H. Fredrich**
(Date received local registrar's signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **9-17**
(d) Street No. **4137 W. Carter Ave**
(If rural, give location) **9**
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **27th**
year **1941** hour **1:50 AM** minute **1** M.
21. I hereby certify that I attended the deceased from **2/16/41**
to **2/26/41**
that I last saw her or alive on **2/24/41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary edema**
Due to **Myocarditis chronic**
Due to _____
Other conditions **Marked hypophosis**
(Include pregnancy within 3 months of death)
Major findings:
Of operations **93 d**
Of autopsy **93 c**

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?
(Specify type of place) _____
(e) Means of injury **0**

23. Signature **J. O. Mawley** (M. D. or cert.) **M.D.**
Address **3633 Fair Ave** Date signed **3/1/41**

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

William G. Buchholz

Licensed Embalmer No. *2119*

P. O. Address *St. Louis, Mo.*

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.