

APR 9 1941 84
Registration District No. _____

Primary Registration District No. 107

Registrar's No. 626

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

1. PLACE OF DEATH: **St. Louis**

(a) County **St. Louis**

(b) City or town **Ladue**

(c) Name of hospital or institution: **#1 Fordyce Lane**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **40 years** (Specify whether years, months or days)

In this community _____ years, months or days

3. (a) PRINT FULL NAME **Minnie Krueger**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **NONE**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S. O.**

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

7. Birth date of deceased **Unk. Unk. 1883**
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	Unk.	Unk.	hr. min.

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

10. Usual occupation **Maid**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Krueger**

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

14. Maiden name **Anna Klutle**

15. Birthplace **St. Louis MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Mary Krueger**

(b) Address **Nashville, Ill.**

17. (a) **Removal** (b) Date thereof **3-22-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nashville Ill.**

18. (a) Signature of funeral director **Arthur J. Donnelly**
3840 Lindsey Blvd.

(b) **MAR 22 1941**

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **St. Louis**

(c) City or town **Ladue village**
(If outside city or town limits, write "RURAL")

(d) Street No. **#1 Fordyce Lane**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21**
year **1941** hour **7** minute **30** A.M.

21. I hereby certify that I attended the deceased from **May**
1932, to **March 21**, 19**41**;
that I last saw him alive on **March 21**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary occlusion** **24 hrs.**

Due to **Hypertension** **8 yrs**
Arteriosclerosis **8 yrs.**

Due to _____

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

Major findings: Of operations **9/4/40**

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

Signature **Wend Becke** (M. D. or other) _____
Address **3720 Washington** Date signed **3/21/41**

MAR 1 1948

Wm. Wm. J. Steate
3720 Washington 11-1
J. E. 6498

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.