

791
FILLED NOV 24 1941
Registration District No. **4**

Primary Registration District No. **1003**

Registrar's No. **8657**

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:
3433 a Eads Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 87 Years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3433 a Eads Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1941 hour 8 minute 00 A.M.
21. I hereby certify that I attended the deceased from JULY
20 1936 to OCT 29 1941;
that I last saw h. et alive on OCT 28 1941;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Elise Krusz
3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John A. 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased August 23 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 2 6 hr. min.

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

10. Usual occupation Home

11. Industry or business.....

MOTHER FATHER
12. Name Johann J. Klos
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Eva Klos
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Philip A Krusz
(b) Address 3433 a Eads Ave

17. (a) Burial (b) Date thereof 11-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Hecker, Hecker & Co

(b) Address 3634 Gravois Ave

19. (a) OCT 31 1941 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

Immediate cause of death Arterio-sclerosis
Due to Atherosclerosis 4 "
Due to Rheumatism 5 1/2 "
Other conditions (Include pregnancy within 3 months of death) 57
Major findings: Of operations 57
Of autopsy 57
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 0
23. Signature Fred W. Rolling (M. D. or other)
Address 2125 Siam Date signed Oct 30 41

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

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 *Frank J. O'Hara*
Licensed Embalmer No. *2645*
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.