

FILED APR 13 1942

791

Primary Registration District No. 1003

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:
Enroute to city hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4154 Grove St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julius C. Krueger

3. (b) If veteran, name war World 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive

7. Birth date of deceased January 1, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 2 24 hr. min.

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

10. Usual occupation Janitor

11. Industry or business Union market

MOTHER FATHER { 12. Name Charles Krueger
13. Birthplace St. Louis, Mo.
14. Maiden name Mathilda Rennekamp
15. Birthplace Spanish Lake, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Krueger
(b) Address 4154 Grove St.

17. (a) Burial (b) Date thereof 3/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem-Black Jack Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 27 1942 (b) J. F. Greddeck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
1942 year hour 10:00 AM minute M.

21. I hereby certify that I attended the deceased from March 15
1942 to March 25 1942
that I last saw him alive on March 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation
Duration 10 days

Due to
Due to

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

PHYSICIAN
Major findings: 928
Of operations
Of autopsy 928
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 J. J. Mellis (M. D. or other)
Address 3825 N. 70th Date signed 3/26/42

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

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.