

FILED FEB 9 1943 8

17003

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County St. Louis MO.  
 (b) City or town St. Louis MO.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution City Sanitarium 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 yrs. 11 mos  
(Specify whether  
 In this community 24 yrs. lmo. 10ds.  
years, months or days)

3. (e) PRINT NORBERT KRUEGER  
FULL NAME

3. (b) If veteran, name war --- 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 --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Dec. 15, 1918  
(Month) (Day) (Year)

8. AGE: Years 24 Months 1 Days 10 If less than one day --- hr. --- min.

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

10. Usual occupation none

11. Industry or business ---  
 12. Name Elmer Krueger  
 13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Marie Greenwald  
 15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Krueger

(b) Address 4482 Penrose

17. (a) Burial (b) Date thereof 1-27-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Sam Miller

(b) Address 5041 Delmar Blvd

19. (a) 1-23-43 (b) J. F. Proctor  
(Date received local registrar) (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")  
 (d) Street No. 4482 Penrose  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24  
 year 1943 hour 10:50 minute A.M.

21. I hereby certify that I attended the deceased from 7-1-1938 19--- to 1-24-43 19---  
 that I last saw him alive on 1-24-43 19---  
 and that death occurred on the date and hour stated above.

Immediate cause of death Parkinson's Syndrome  
Post Encephalitis 1930x  
 Due to Encephalitis Type undetermined 1919

Due to ---  
 Other conditions ---  
(Include pregnancy within 3 months of death)

Major findings: ---  
 Of operations ---  
 Of autopsy No.

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

23. Signature AK Bush (M. D. or other)  
 Address 5300 Chestnut Date signed 1-31-43

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.....

*Frank Prokopf*, Registered Apprentice No. *339*  
working under my personal supervision.

Signed *John Ketter*

Licensed Embalmer No. *3880*

P. O. Address.....

**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.**