

FILED MAY 11 1943

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

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1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Rural Boulevard
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 Mi. South of Pershing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi. South of Pershing
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10
year 1943 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 1
1943, to April 10, 1943
that I last saw him alive on 4-9- 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Ida Krueger
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 15 1863
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 940

8. AGE: Years Months Days If less than one day
80 1 24 hr. min.

9. Birthplace Bay Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name Henry Krueger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Fredericka Boecke
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ben H. Krueger
(b) Address Pershing, Mo

17. (a) Burial (b) Date thereof 4-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem Presbyterian

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Mo

19. (a) 4-12-43 (b) Mrs. F. B. Meyer
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 Howard Hermann (D or other) _____
Address Hermann Mo Date signed 4-16-43

1242

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.....

Hugot Blument

Licensed Embalmer No. **3160**

P. O. Address **Hermann, 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.