S. No. 2
M—2-43
. 5-17-39
I X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32561

State File No. 0

FILED SEP 25 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2122

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 5/27/43 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL") 9

(d) Street No. 4863 a Kossuth (If rural, give location)

(e) Citizen of foreign country? ---- (Yes or No)

If yes, name country ---- 1

3. (a) PRINT FULL NAME Charles A. Krug

3. (b) If veteran, name war World War 1

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife -- ----

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Nov. (Month) 6 (Day) 1893 (Year)

8. AGE: Years 49 | Months 10 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Boilermaker

11. Industry or business Unemployed since 1921

FATHER
12. Name Charles Krug
13. Birthplace Springfield (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name Bernardine Kleeshishte
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Government Records

(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) SEP 20 1943 (Date received local registrar) (b) E. S. McFarren M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1943 hour 10 minute 31 a M.

21. I hereby certify that I attended the deceased from May 27, 1943, to Sept 19, 1943; that I last saw him alive on Sept. 19, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage acute with hemiplegia right	12 hrs
Due to Cerebral Arteriosclerosis	
Due to Bronchitis chronic asthmatic	about 26 yrs.
Other conditions Emphysema pulmonary, chr.; (Include pregnancy within 3 months of death) Bronchiectasis, chr; Tuberculosis	5 yrs.
Major findings: Of operations pulmonary chr. app. arrested None	26 yrs.
Of autopsy Not performed	

PHYSICIAN Underline the cause to which death should be charged statistically.

1361

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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

23. Signature L. M. COCHRAN, M.D. (M. D. or other) 9/19/43

Address Chief Medical Officer, Vet. Adm. Fac., Jeff. Bks., Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

96
0
0

OCT 4 1943

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 H. Stroot

Licensed Embalmer No. 2265

P. O. Address 46 N. Bridge ave

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.