

S. No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36590

State File No.

Registrar's No.

FILED NOV 29 1943

Registration District No. 318

Primary Registration District No. 1003

10081 ✓

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis  
(c) Name of hospital or institution: City Hospital # 1  
(d) Length of stay: In hospital or institution 5 days  
In this community years, months or days

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

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Pearl Kruse  
6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased June 25 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 4 21 hr. min.

9. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)

10. Usual occupation Vender

11. Industry or business

MOTHER FATHER  
12. Name Unknown Unknown 9  
13. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Schulte  
(b) Address 4177 N. Euclid Ave.

17. (a) Removal (b) Date thereof 11-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Breese, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc.  
(b) Address 4700 Washington

19. (a) NOV 17 1943 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17  
(c) City or town St. Louis 918  
(d) Street No. 4473 Gibson Ave.  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16  
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from  
that I last saw h. alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage of Brain  
Brain Lung Abscess Fracture of Right leg  
Due to Automobile driven by one Daniel Emie  
Due to east of Kings Highway in Manchester one about 10:30 P.M. 11-11-43

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
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) Accident 000  
(b) Date of occurrence 11-11-43  
(c) Where did injury occur? St Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
(Specify type of place)

(e) Means of injury 3  
While at work

23. Signature Thomas F. Callinan  
Address Deputy Coroner Date signed 11-17-43

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

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**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..... *J. W. Wilkins*

Licensed Embalmer No..... *3570*

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.**