

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 564

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: De Paul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME MINNIE F. KRUEGER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race W
 6. (a) Single, widowed, married, divorced, wid
 6. (b) Name of husband or wife August Krueger 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased aug. 21 1875
 (Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Henry J. Mebruegge

13. Birthplace Ger. U
 (City, town, or county) (State or foreign country)

14. Maiden name Emma Brandenberger
 (City, town, or county) (State or foreign country)

15. Birthplace Ger. U
 (City, town, or county) (State or foreign country)

16. (a) Informant Elmer Krueger
 (b) Address 9941 Jeffney ave

17. (a) Burial (b) Date thereof 1-20-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethelhem Cemetery

18. (a) Signature of funeral director Prigent M. B.
 (b) Address 3710 N. Grand Bl

19. (a) JAN 19 1944
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Riverview Gardens
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9941 Jeffney ave
 (If rural, give location) KR
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
 year 1944 hour 5.50 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 10 days

Due to Art. scientific & disease

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

Major findings: Of operations 93 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) _____
 (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. [Signature] (M. D. or other) MD
 Address 401 Humboldt Bldg Date signed 1/18/44

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

A. G. Smithers

Licensed Embalmer No. 3916

P. O. Address..... 3710 N. Grand Bl

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.