

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED FEB 11 1948
FEB 11 1948

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2626 Hebert Str
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME Catherine Kruse

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Joseph Kruse

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased October 23 1906
(Month) (Day) (Year)

8. AGE: 37 Years 9 Mths 7 Ds If less than one day
35 hr. min.

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name George Eckert

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

14. Maiden name Anna Vossel

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

16: (a) Informant Joseph Kruse

(b) Address 2626 Hebert Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 D 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) FEB 1 (Date received local registrar) (b) J. P. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County.....

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

(d) Street No. 2626 Hebert Str
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31
year 1944 hour..... minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 30 1944
to Jan 28 1944
that I last saw her alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Pulmonary tuberculosis</u>	<u>4 mo</u>
<u>chronic myocarditis</u>	<u>1 yr</u>
Other conditions (Include pregnancy within 3 months of death)	<u>None</u>
Major findings: Of operations.....	<u>no operation</u>
Of autopsy.....	<u>no autopsy</u>

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) (c) Means of injury.....

23. Signature William T. Hirsch (M. D. or other) MD
Address 3500 N Grand Date signed 2/1/44

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 *Harry J. Spumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Hemajunga*

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.