S. No. 2
M—2-43
. 5-17-39
I X38697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25867

Registration District No. 31B

Primary Registration District No. 1003

Registrar's No. 7247

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: 1934 North Market St. / (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)

In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 006

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

(d) Street No.: 1934 N. Market St.. 2 2 6 (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Mr. Frank Krueger

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Tillie Krueger

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: May (Month) 18 (Day) 1885 (Year)

8. AGE: Years 60 | Months 2. | Days 29 | If less than one day hr. min.

9. Birthplace: (City, town, or county) Wis. / (State or foreign country)

10. Usual occupation: Leather Worker

11. Industry or business:

FATHER 12. Name: unknown

13. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

MOTHER 14. Maiden name: unknown

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

16. (a) Informant: Mrs. Tillie Krueger

(b) Address: 1934 N. Market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-20-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Lake Charles Cem.

18. (a) Signature of funeral director: Hy. Leidner U. Co.

(b) Address: 2223 St. Louis Ave.

19. (a) AUG 20 1945 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th. year 1945 hour 6:00 PM minute M.

21. I hereby certify that I attended the deceased from Sept 9 1944 to Aug 17 1945 that I last saw him alive on Aug 17 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary sclerosis — Duration

Due to: Chronic Myocarditis

Due to:

Other conditions: (Include pregnancy within 3 months of death) 93

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):

(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: Henry C. Westermann M.D. (M. D. or other)

Address: 2136 S. Grand Date signed: 8/18/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Montgomery

2136 E. Grand.

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 John C. Buckholz

Licensed Embalmer No. 1674

P. O. Address 7773 St. Louis

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.