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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28494

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 2110

FILED [illegible] 1945

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town FLORISSANT STATION R. 1 Box (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 53 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town FLORISSANT STATION R. (If outside city or town limits, write "RURAL")
(d) Street No. OLD JAMES TOWN RD. Box (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILHELMINA KRUEGER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JASPER KRUEGER
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased DEC. (Month) 4 (Day) 1859 (Year)

8. AGE: Years 85 Months 8 Days 22 If less than one day hr. min.

9. Birthplace GERMANY (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business
FATHER
12. Name CHRIST JASPER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name HENRIETTA BRINKMEYER
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Wilhelmina Meyer
(b) Address 5510 Fair Ridge
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug. 29-1945 (Month) (Day) (Year)
(c) Place: burial or cremation SALEM LUTH. CEM.
18. (a) Signature of funeral director Diedrich F. Home
(b) Address 8319 Halls Ferry Rd.
19. (a) 8-29-45 (Date received local registrar) (b) E. G. McGann MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from Aug 10, 1945, to Aug 26, 1945, that I last saw her alive on Aug 25, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral regurgitation	?
Due to not known	
Due to ✓ 926	
Other conditions (Include pregnancy within 3 months of death): General anasarka	1 mo

Major findings:
Of operations none
Of autopsy none

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) none
(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 H. F. Miller (M. D. or other)
Address 8410 N Broadway St Louis Date signed 8-27-45 MO

(Licensed Embalmer's Statement on Reverse Side)

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 G. W. Wilkinson

Licensed Embalmer No. 3575

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.