S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

31463

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 0

FILED SEP 29 1945

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 2292

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Bel Nor, Normandy, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8201 Glen Echo Dr., Bel Nor, Normandy, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Bel Nor, Normandy 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8201 Glen Echo Dr. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BERNARD A. KRUKENKAMP

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 Widower

6. (b) Name of husband or wife Marie (nee Finke)

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

7. Birth date of deceased Oct. 15, 1869
(Month) (Day) (Year)

8. AGE: Years 75 | Months 11 | Days 10 | If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Grocer

FATHER
12. Name Anthony Krukenkamp
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Elizabeth Coffey
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Dr. Irvin B. Krukenkamp
(b) Address 8201 Glen Echo Dr., Bel Nor, Normandy.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) 9-28-47 (Date received local registrar) (b) E. G. W. Gorman M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1945 hour 11 minute 50 PM.

21. I hereby certify that I attended the deceased from June, 1945 to Sept, 1945 that I last saw him alive on Sept 24, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Inanition from Carcinomatosis

Due to Carcinoma of Colon

Due to 462

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy

Duration

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 [signature] (M. D. or other) [signature]

Address 634 N. Grand Date signed 9/27/45

(Licensed Embalmer's Statement on Reverse Side)

OCT 22 1945

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 Gustav W. Lietzke

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

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.