S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34644

State File No.

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 2400

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 437 W. Rose Hill Ave 1 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 91

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

(d) Street No. 437 W. Rose Hill (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Amalia Kruse

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 Widow

6. (b) Name of husband or wife Rev. Samuel Kruse

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

7. Birth date of deceased June (Month) 29 (Day) 1861 (Year)

8. AGE: Years 84 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Santa Claus (City, town, or county) Ind 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

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

MOTHER
14. Maiden name Franke
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs Flora Heimburger

(b) Address 900 S Geyer Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-45 (Month) (Day) (Year)

(c) Place: burial or cremation St Lucas Cem

18. (a) Signature of funeral director Louis H. Bopp Jr

(b) Address Kirkwood Mo

19. (a) 10-17-45 (Date received local registrar) (b) E G W Gorman M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from March-18 1941 to October 15 1943 that I last saw her alive on Oct-13 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Cardo-vascular disease	
Due to: Senility 93d	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
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 Arthur W Westrey (M. D. or other)

Address Webster Groves Mo Date signed 10-15-45

(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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.