

FILED APR 1 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 317

Primary Registration District No. 6076

730

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural Meramec township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None, Allenton Road
(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 55-years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town (Rural) Pacific Mo. R.R. 3
(If outside city or town limits, write "RURAL")
(d) Street No. Allenton Road
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Henry S. Krueger

3. (b) If veteran,

name war World War #-1.

3. (c) Social Security

No. 489-05-4578

4. Sex

Male

5. Color or race

White

6. (a) Single, widowed, married,

widowed

6. (b) Name of husband or wife

Nellie Krueger

6. (c) Age of husband or wife if

alive 89 years

7. Birth date of deceased

Feb. 8
(Month) (Day) (Year)

8. AGE:

Years 55 Months 1 Days 18
If less than one day
hr. min.

9. Birthplace

St. Louis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Sabarer

11. Industry or business

Micotto Construction Co.

12. Name

Martin Krueger

13. Birthplace

? Germany
(City, town, or county) (State or foreign country)

14. Maiden name

Caroline Wagner

15. Birthplace

Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant

Dorothy Krueger

(b) Address

Pacific, Mo. R. 1.

17. (a) Burial

Bethel Cem. Pond, Mo.

(b) Date thereof

3/28/46
(Month) (Day) (Year)

18. (a) Signature of funeral director

Schrader Funeral Home

(b) Address

Ballwin, Mo.

19. (a)

3-28-46

I. G. S. Garrison & D.

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month March day 26
year 1946 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death Self inflicted
shotgun wound to left chest

Due to Suicide.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

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) Suicide
(b) Date of occurrence 3-26-46
(c) Where did injury occur? Glencoe St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place) (e) Means of injury shotgun

23. Signature Arnold J. Willmann (M.D. or other) 3-28-46
Address _____ Date signed _____

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

SEP 9 1948

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.....

Theo. Schradler

Licensed Embalmer No. *3066*

P. O. Address..... *Ballwin, 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.