

U. S. No. 2
DOM-5-43
Rev. 5-17-39
No. 1 X36671

18514

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4527**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital.
(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, 96
(c) City or town Chevy Chase..
(If outside city or town limits, write "RURAL")
(d) Street No. #10 Enfield Road, NR. 0
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME LILLIAN L. 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 Married.
6. (b) Name of husband or wife Albert A. Kruse.. 6. (c) Age of husband or wife if alive 58. years
7. Birth date of deceased March 31, 1891.
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
55. 1. 18. hr. min.

9. Birthplace Brooklyn, New York.
(City, town, or county) (State or foreign country)
At Home.

10. Usual occupation _____

11. Industry or business _____

12. Name Amos Willets.
13. Birthplace Brooklyn, New York.
(City, town, or county) (State or foreign country)

14. Maiden name Ella Morgan.
15. Birthplace Brooklyn, New York.
(City, town, or county) (State or foreign country)

16. (a) Informant Albert A. Kruse.
(b) Address #10 Enfield, Road, Chevy Chase.

17. (a) Burial.. (b) Date thereof 5/21/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,

19. (a) MAY 20 1946 J. F. Brudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th,
year 1946. hour 10:05 minute P. M.
21. I hereby certify that I attended the deceased from May 11
1946 to May 18 19 46
that I last saw her alive on May 18 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 12 hrs.
Due to Angina pectoris 10 days

Due to arterio-sclerosis generalis ?
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:
(c) 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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. E. Newman (M. D. or other) M. D.
Address 3720 Washington Date signed 5/20/46

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

17492

*Dr. Kenneth G. Norman
3720 (St. Louis, Mo.)
St. #: 4515.
Miss: - 1 to 5*

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 *Clarence A. Murray*
Licensed Embalmer No. *404*
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.