

**FILED** **1946**

Registration District No. **33**

Primary Registration District No. **3010**

Registrar's No. **220**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**  
(b) City or town **Cape Girardeau**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **St. Thomas Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **all life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** County **Cape Girardeau**  
(b) City or town **Cape Girardeau**  
(If outside city or town limits, write "RURAL")  
(c) Street No. **2112 W Broadway**  
(If rural, give location)  
(d) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

**Louis C Kruger**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Male**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **Helen (Seymour)**

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

7. Birth date of deceased **Sept 11 1874**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **7** Days **22** If less than one day hr. min.

9. Birthplace **Cape Girardeau Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Accountant**

11. Industry or business **Cape Land Co.**

12. Name **Louis Kruger**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Schuster**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Helen Kruger**

(b) Address **Cape Girardeau**

17. (a) **Burial** (b) Date thereof **6-5-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lourdes Park**

18. (a) Signature of funeral director **Paul D. Powell**

(b) Address **Cape Girardeau Mo**

19. (a) **6-25-1946** (b) **G. C. Summers**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **3** year **1946** hour **3** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **10/10** 19**46** to **6/3** 19**46**

that I last saw **him** alive on **6/3** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**  
**Coronary Disease**

Due to **Advanced atherosclerosis**

Due to **Hypertension**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work (Specify type of place) (e) Means of injury

23. Signature **G. C. Summers** (M. D. or other)

Address **Cape Girardeau Mo** Date signed **6/25/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18573

RECEIVED

District Health Officer No. 4  
District File Number 746-2378  
Date Filed 7-6-46

JUL 11 1946

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Exp. (his ind)

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.