

S. No. 2
M-5-43
7. 5-17-39
X38671

FILED JUL 23 1946
Registration District No. 318

Primary Registration District No. 1003

6049

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2012 north 20th St
(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 **Mo** (b) County
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2012N 20th St.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Edw. F. Krueger**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. **Male** 5. Color or **White** 6. (a) Single, widowed, married, divorced **Div, 2**

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan 6 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 2 hr. min.

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

10. Usual occupation **None,**

11. Industry or business **None,**

12. Name **Chirst Krueger**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Lillian Heimberger**
(b) Address **St. Louis Mo.**

17. (a) (Burial, cremation, or removal) (b) Date thereat **7/11/46**
(Month) (Day) (Year)
(c) Place: burial or cremation **St. Matthews**

18. (a) Signature of funeral director **Fendler Undertaking**
(b) Address **7420 Michigan ave**

19. (a) **JUL 9 1946** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8**
year **1946** hour _____ minute _____ 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 _____

Due to **myocardial infarction**

Due to **94a**

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 **3**
23. Signature **Dr. Alfred Perry** (M. D. or other)
Address **1300 Park** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

24203

JUL 9 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..... *Oliver E. Pendle*

..... Licensed Embalmer No. *4148*

..... P. O. Address *Ge. May*

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.