

DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION
FILED NOV 25 1946
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

38799
State File No. _____
Registrar's No. **9627**

Registration District No. _____ Primary Registration District No. _____

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4844 Lee Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ida Wilhelmina Krueger**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **9th**
year **1946** hour **11:08** minute **P.** M.
21. I hereby certify that I attended the deceased from **Oct 15 1946**
to **Nov 9 1946**
that I last saw her alive on **Nov 9 1946**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **August C. C. Krueger**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **November 21, 1870**
(Month) (Day) (Year)

Immediate cause of death
Ch. Myocarditis
Due to **Ch. nephritis**
Other conditions (Include pregnancy within 3 months of death)
1st

8. AGE: Years Months Days If less than one day
75 **11** **18** hr. min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housework**

11. Industry or business _____
12. Name **Henry Rulkoetter**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Charlotte Rocklage**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter F. Krueger**
(b) Address **4234a San Francisco Ave.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 13, 1946**
(Month) (Day) (Year)
(c) Place: burial or cremation **St. Johns Cemetery**
18. (a) Signature of funeral director **Calvin F. Feutz Funeral Home**
(b) Address **4828 Natural Bridge Blvd.**
19. (a) **NOV 12 1946** (Date received local registrar)
J. F. Brudeak (Registrar's signature)

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 **W. F. Feutz** (M. D. or other) **mid**
Address **2342 Howard St.** Date signed **11/10/46**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
3761A

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..... *Ralph C. Lenders*

Licensed Embalmer No. *4275*

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.