S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 28 1947
Registration District No. 378

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 59861
Registrar's No. 10506

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

1. PLACE OF DEATH:
(a) County
(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.Louis City Hospital-Max C. Starkloff
(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 000
(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4974 Lotus Ave. 9
Memorial (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William E. Krueger
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Louise Krueger
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 5 (Day) 1860 (Year)

8. AGE: Years 87 Months 3 Days 8 If less than one day hr. min.

9. Birthplace St.Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business Candy Manufacturer
FATHER
12. Name Unknown Krueger
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Eleanor Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs.Caroline S.Sweet
(b) Address 4974 Lotus Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Albert H.Hoppe
(b) Address 4700 Washington Blvd.
19. (a) NOV 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 13th
year 1947 hour 2:30 minute A M.
21. I hereby certify that I attended the deceased from Nov. 13th 1947, to Nov. 13th 1947
that I last saw him alive on Nov. 13th 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart disease	unknown
Due to	
Due to	
Other conditions pulmonary edema (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Old myocardial infarct Old pulmonary infarct	

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Frank F Martin (M.D. attest)
Address 1515 Lafayette Date signed 11/13/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Henry A. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.