S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 144327 3671

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 46 0 0 1

1. PLACE OF DEATH:
(a) County: ~~St. Louis~~
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Rural - Valley Park, R#1
(If outside city or town limits, write "RURAL")
(d) Street No.: Vandover Rd. (If rural, give location): U.R.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Josie Pearl Krueger
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Fred W. Krueger
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Dec. (Month) 20 (Day) 1890 (Year)

8. AGE: Years 57 Months 3 Days 26 If less than one day: hr. min.

9. Birthplace: Nevada (City, town or county), Mo. (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: Own Home
FATHER
12. Name: Joseph Hildebrand
13. Birthplace: Cass Co., Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Emma Boone Hoover
15. Birthplace: Cass Co., Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Joseph Krueger
(b) Address: Valley Park, Mo. R1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Burial Park
18. (a) Signature of funeral director: Schrader Funeral Home
(b) Address: Ballwin, Mo.
19. (a) APR 17 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1948 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from April 13, 1948, to April 16, 1948; that I last saw h.a.r. alive on April 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive cardiovascular disease and hypertensive encephalopathy.
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: None performed

Duration

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: F. Bradley (M. D. ~~or other~~)
Address: Barnes Hospital Date signed: 4/17/48

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 Harry F. Schrader

Licensed Embalmer No. 2091

P. O. Address Ballwin 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.