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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24954
Registrar's No. 1814

FILED AUG 13 1948
Registration District No. 377

Primary Registration District No. 3064

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
115 So. Maple
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years
years, months or days)

3: (a) PRINT FULL NAME Alfred L. Krueger

3: (b) If veteran, name war ---

3: (c) Social Security No. 496-14-9528

4. Sex M 5. Color or race W

6: (a) Single, widowed, married, divorced Married

6: (b) Name of husband or wife Agnes A. Krueger

6: (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 10 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>57</u>	<u>5</u>	<u>15</u>	hr. _____ min.
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9. Birthplace Hokdale, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Sewage Disposal

12. Name Henry C. Krueger

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

14. Maiden name Minnie Weigel
(City, town, or county) (State or foreign country)

15. Birthplace Hoyelton, Illinois
(City, town, or county) (State or foreign country)

16: (a) Informant Agnes A. Krueger

(b) Address Ferguson, Missouri.

17: (a) Burial (b) Date thereof 7/28/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18: (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri

19: (a) 7-27-48 (b) Beulah Shapiro
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 115 So. Maple Ave.
(If rural, give location)

(e) Citizen of foreign country? --- (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1948 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Feb 24, 1948, to July 25, 1948;
that I last saw him alive on 7-20-48, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 week

Due to hypertension 1946

Due to _____

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none Of autopsy none

PHYSICIAN W. J. Johnson

Underline the cause to 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? no

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

Signature W. J. Johnson (M. D. or other)

Address 40 N. Florissant Rd Date signed 7/27/48

AUG 17 1948

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 L. M. White

Licensed Embalmer No. 2975

P. O. Address Jerguson, S.C.

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: