

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20641**BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **115**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonville	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) Old St. Charles & Smiley Roads	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			
3. NAME OF DECEASED (Type or Print) William Krueger a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH June 11 1949 (Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec. 30, 1892
9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Days 5	IF UNDER 24 HRS. Hours 12 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Pattonville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frederick Krueger		13b. MOTHER'S MAIDEN NAME Charlotte Lohmeier	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Emil Krueger Robertson, Mo. R#1
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 7 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		DUE TO (b) Auricular fibrillation - Pulmo-Cardiac disease 5 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Kyphoscoliosis 40 years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332X	
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 1947 , to June 11, 1949 , that I last saw the deceased alive on June 10, 1949 , and that death occurred at 4:10 Am. , from the causes and on the date stated above.			
23a. SIGNATURE Ernie J. Canty M.D.		23b. ADDRESS St. Charles Mo.	23c. DATE SIGNED 6-11-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-13-1949	24c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Mo.
DATE REC'D BY LOCAL REG. 6-14-49	REGISTRAR'S SIGNATURE Ranice Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE Baumgart Bros Inc, Overland Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 21 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Oscar F. Mueller

Licensed Embalmer No.

3039

P. O. Address

Overland 14

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.