

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38941

State File No. 9463
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 9463		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				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 town or township) St. Louis, Mo.				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION 5018 Parker				d. STREET ADDRESS (If rural, give location) 14- 5018 Parker							
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Kruse c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1949			5. SEX Male			6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single			8. DATE OF BIRTH Nov. 12, 1927			9. AGE (In years last birthday) 21		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY Railroad			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Albert Kruse			13b. MOTHER'S MAIDEN NAME Philomena Kesselheim			14. NAME OF HUSBAND OR WIFE none					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes			16. SOCIAL SECURITY NO. World war 2			17. INFORMANT'S SIGNATURE OR NAME Philomena Lange			ADDRESS 5018 Parker		
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Apoplexy DUE TO (c) Gastric Malacia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Endocarditis						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 91					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? B34X					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE Catharine E. Taylor (Degree or title) Carver						23b. ADDRESS 1300 Clark			23c. DATE SIGNED 11-2-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-4-49		24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cem.			24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. NOV 2 1949		REGISTRAR'S SIGNATURE J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home			ADDRESS 6322 S. Grand Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 David Van Fossom

Licensed Embalmer No. 4242

P. O. Address 6372 So Grand

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.