

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 4 1950

 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 269

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis (Richmond)</u>		c. LENGTH OF STAY (in this place) <u>3 wks.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Union</u>		d. STREET ADDRESS (If rural, give location) <u>410 W. Main St., Union, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 29, 1950</u>		
3. NAME OF DECEASED (Type or Print) <u>Amanda S. Kruel</u>		a. (First)	b. (Middle)	c. (Last)	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	8. DATE OF BIRTH <u>January 10, 1886</u>	9. AGE (in years last birthday) <u>64</u>	if under 1 year Months <u>0</u>	if under 2 hrs. Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Union Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Peters</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Grote</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. H. Kruel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no. of unknowns) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. H. Kruel</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pemphigus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>3</u> DUE TO (c) <u>B.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombosis of the artery</u>			INTERVAL BETWEEN ONSET AND DEATH. <u>7041</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) <u>Union Mo</u>		21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>0</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-16</u> , 19 <u>50</u> , to <u>1-29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-30</u> , 19 <u>50</u> , and that death occurred at <u>931 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Norma Tobias</u>			23b. ADDRESS (Degree or title) <u>MS-U 700 So. Meramec</u>		23c. DATE SIGNED <u>1-31-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/1/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John Mantel</u>		24d. LOCATION (City, town, or county) (State) <u>Union Mo</u>
DATE REC'D BY LOCAL REG. <u>1-31-50</u>		REGISTRAR'S SIGNATURE <u>Forrest Ralowski</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Kruel</u>	
				ADDRESS <u>Union Mo</u>	

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 E. F. Ottmann.....

Licensed Embalmer No. 1686.....

P. O. Address San Antonio, Texas.....

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.