

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3668

State File No.

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>	
c. LENGTH OF STAY (in this place) <u>4 months</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Marie</u> c. (Last) <u>Krueger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1950</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 4, 1863</u>
9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	11. BIRTHPLACE (State or foreign country) <u>Hanover, Germany</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Casper Sanker</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Tiemann</u>	14. NAME OF HUSBAND OR WIFE <u>Carl Krueger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Henry H. Reese, Warrenton, Mo.</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>Myocarditis.</u> INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u> ANTECEDENT CAUSES DUE TO (b) <u>Abdominal Tumor.</u> <u>Don't know</u> DUE TO (c) <u>Senility.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>229X</u>	
19a. DATE OF OPERATION <u>L</u>	19b. MAJOR FINDINGS OF OPERATION <u>L</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE-HOMICIDE (Specify) <u>L</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>L</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>L</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>L</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>L</u>	
22. I hereby certify that I attended the deceased from <u>Nov 18, 1949</u> , to <u>Jan 6, 1950</u> , that I last saw the deceased alive on <u>Jan 5, 1950</u> , and that death occurred at <u>4 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Oliver H. Dyer M.D.</u>		23b. ADDRESS <u>Warrenton, Mo</u>	23c. DATE SIGNED <u>Jan. 7, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-8-50</u>	REGISTRAR'S SIGNATURE <u>Floyd Logan</u>	421	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.W. Nieburg & Co., Warrenton, Mo.</u>

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

RECEIVED JAN 18 1950
District Health Officer No. 9
District File Number

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 _____

John Schieburg

Licensed Embalmer No. _____

3897

P. O. Address _____

Warrenton, Me

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.