

S. No. 300
V. 10-48

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22244
Registrar's No. 1524

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 1524	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY OR TOWN Richmond Hts.		c. LENGTH OF STAY (in this place) 15 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hts. 4495			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1138 Ralph Terrace				d. STREET ADDRESS (If rural, give location) 1138 Ralph Terrace			
3. NAME OF DECEASED a. (First) JOSEPH			b. (Middle) H.		c. (Last) KRUSE		4. DATE OF DEATH Month Day Year June 19 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 19, 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Ass't. Cahier, Mercantile-Commerce Bk.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Herman Kruse		13b. MOTHER'S MAIDEN NAME Wilhelmina Greffenkamp		14. NAME OF HUSBAND OR WIFE Anna Kruse			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Kruse 1138 Ralph Terrace			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 5 MO
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis of Respiratory System					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Pleurisy with effusion					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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)		003.0	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan 20, 1950 to June 19 1950, that I last saw the deceased alive on June 19, 1950, and that death occurred at 11:27 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Fenton Petersen M.D.				23b. ADDRESS Richmond Hts. Mo.		23c. DATE SIGNED June 20 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 22, 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 6-21-50		REGISTRAR'S SIGNATURE Herbert H. Tombe		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 4228 S. Kingshighway Bl.	

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

1005-1339 Board
JUL - 5 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Edwin A. Mc Dermott.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3024.....

P. O. Address.....

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.