

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1950

State, File No. 24977
6758
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2903 Virginia Ave.		d. STREET ADDRESS (If rural, give location) 3218 1/2 Halliday			
3. NAME OF DECEASED (Type or Print) August C. Kruse a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1950		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH August 2, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois /	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Joseph Kruse		13b. MOTHER'S MAIDEN NAME Susan Hempe	
14. NAME OF HUSBAND OR WIFE Anne Kruse		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no non		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Christine Overall		18. ADDRESS 3218a Halliday			

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub. dorsal hemorrhage caused by fracture skull, suffered in fall in basement of store at 2903 Virginia Ave, about 9:00 pm Aug 6 1950 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 2903 Virginia Ave, about 9:00 pm Aug 6 1950 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH Caused
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident 900		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Store		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 9036	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 6 50 9:00 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 441	

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 6:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Taylor, Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8.9.50.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-10-50		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					

DATE REC'D BY LOCAL REG. AUG 9 1950		REGISTRAR'S SIGNATURE J. B. Fasalar		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home 6322 S. Grand Blvd.	
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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.....

David Lee Johnson

Signed.....
Student Embalmer

Licensed Embalmer No. *4383*

P. O. Address *632 7th Street*

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.