

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24978

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6150**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		a. STATE <b>Missouri</b> b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4505 Geraldine</b>		d. STREET ADDRESS (If rural, give location) <b>4505 Geraldine Ave</b>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>Julius</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Kruse</b>	(Month) <b>July</b> (Day) <b>14</b> (Year) <b>1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 15 1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hauling</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	9. AGE (In years last birthday) <b>45</b> IF UNDER 1 YEAR: Months <b>10</b> Days <b>29</b> IF UNDER 11 HRS. Hours <b>0</b> Min.
11a. FATHER'S NAME <b>Julius Kruse</b>		11b. MOTHER'S MAIDEN NAME <b>Caroline Spragen</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis MO</b>
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <b>Corinne Kruse</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Corinne Kruse</b> ADDRESS: <b>4505 Geraldine Ave</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac infarct</b>		ANTECEDENT CAUSES		<b>3 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Coronary thrombosis</b>		<b>6 days</b>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>HSAI</b>	

22. I hereby certify that I attended the deceased from July 14, 1950, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on July 14, 1950, and that death occurred at 3:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>1040 W. Pleasant St. Jaim</b>		23c. DATE SIGNED <b>7-17-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co Mo</b>	

DATE REC'D BY LOCAL REG. <b>JUL 17 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F Futz</b> ADDRESS <b>4828 Nat Bridge Blvd</b>	
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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 Ralph C. Zindler .....

Licensed Embalmer No. 4275 .....

P. O. Address St. Louis, Mo. .....

**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.