

FILED OCT 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 7981

31771
7981

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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 town) St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		2209 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dead City Hosp.				d. STREET ADDRESS (If rural, give location) 2918^a No 22nd St			
3. NAME OF DECEASED (Type or Print)		a. (First) Conrad		b. (Middle) J		c. (Last) Kruse	
4. DATE OF DEATH		(Month) _____		(Day) 9-19		(Year) 1950	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 12-5-1932	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Days _____		Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St Louis Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.				13a. FATHER'S NAME John Kruse		13b. MOTHER'S MAIDEN NAME Helen Mueller	
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME John Kruse				ADDRESS 2918^a No 22nd			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot/wound of Cond suffered when shot with gun in the hands of one Ryan, who fired warning shot at deceased running in alley in rear of Ryan's home at 2827 No. 23rd Street, after hearing noise on his rear porch, and		INTERVAL BETWEEN ONSET AND DEATH _____		DUE TO (b) at 2827 No. 23rd Street, after	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) later seeing man looking into window of home at 2312 University Str. about 11:50 P.M., September 18, 1950.		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION ACCIDENT		21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) alley		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo Mo		21c. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 18 50 11:50 p.m.			
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. HOW DID INJURY OCCUR? 8919-8					
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 2209^a , from the causes and on the date stated above.							
23a. SIGNATURE Patrick E. Taylor				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9-21-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-27-50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Mo	
DATE REC'D BY LOCAL SEP 21 1950		REGISTRAR'S SIGNATURE J. B. Kasper		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.		ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Howard F. Rowland

Signed.....
Student Embalmer

Licensed Embalmer No. 3114

P. O. Address Pt. Lenoir, N.C.

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.