

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 164
164

BIRTH NO.		REG. DIST. NO. <u>3.7</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>164</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>37</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		<u>4372</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>314 S. Hanley Road</u>				d. STREET ADDRESS (If rural, give location) <u>314 S. Hanley Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>		b. (Middle) <u>William</u>		c. (Last) <u>Krueger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan</u> <u>18</u> , 19 <u>51</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 10, 1890</u>	
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Meat & Grocery</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Krueger</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Fried</u>	
13a. FATHER'S NAME <u>John Krueger</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Fried</u>		13c. NAME OF HUSBAND OR WIFE <u>Elsa Voigt</u>		14. NAME OF HUSBAND OR WIFE <u>Elsa Voigt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elsa Krueger, 314 S. Hanley Road</u>		ADDRESS <u>Elsa Krueger, 314 S. Hanley Road</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thromboses</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary thromboses</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)			
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 <u>Sept</u> , 19 <u>50</u> , to <u>1/18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/18</u> , 19 <u>51</u> , and that death occurred at <u>10:50 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ronald W. Grant</u> M.D.				23b. ADDRESS <u>114 N. Taylor Ave.</u>		23c. DATE SIGNED <u>1/20/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/22/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1/19/51</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Lomke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u>		ADDRESS <u>6633 Clayton Road</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 24 1953

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.....

Roland O Yehrike

Signed.....
Student Embalmer

Licensed Embalmer No. *3917*

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.