

XC 29166-17
 Reg. 95195
 JUL 19 1951
 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. 25748
 Registrar's No. 2621

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2621	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY ST. LOUIS COUNTY		b. CITY (If outside corporate limits, write RURAL and give town OR TOWN JEFF. BRKS. MO.)		a. STATE MISSOURI		b. COUNTY ST. LOUIS	
c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) LEMAY		d. STREET ADDRESS (If rural, give location) 835 REGINA			
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.				d. STREET ADDRESS (If rural, give location) 835 REGINA			
3. NAME OF DECEASED (Type or Print)		a. (First) EDWARD		b. (Middle) H.		c. (Last) KRUEGER	
4. DATE OF DEATH		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 7/12/94		9. AGE (In years last birthday) 56 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward Krueger		13b. MOTHER'S MAIDEN NAME Sophie Seabold		14. NAME OF HUSBAND OR WIFE Frances Krueger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World I		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS V. A. HOSPITAL RECORDS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RUPTURED ESOPHAGEAL ULCER WITH MEDIASTINITIS AND EMPHYSEMA				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				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 checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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 (Month) (Day) (Year) (Hour) OF INJURY V.A. m.	
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 7/7, 1951, to 7/8, 1951, and that death occurred at 9:25 P.M., from the causes and on the date stated above.							
23a. SIGNATURE L.E. Stilwell (Degree or title) M.D.				23b. ADDRESS V.A. HOSP. JEFF. BRKS., MO.		23c. DATE SIGNED 7/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 12, 1951		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri	
DATE REC'D BY LOCAL REG. 7-10-51		REGISTRAR'S SIGNATURE Hubert R. Donke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER U&L, St. Louis, Mo. 7814 S. Broadway			

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 1/2 Broadway*

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.