

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35985
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3526

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>25 Day</u>		d. STREET ADDRESS (If rural, give location) <u>5076 Wells</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mount St. Rose San.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward H</u> b. (Middle) _____ c. (Last) <u>Kruse</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 28-51</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>10-1-1894</u>	9. AGE (In years last birthday) <u>57</u>	10. MONTHS _____	11. DAYS _____	12. HOURS _____	13. MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bank check</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
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13a. FATHER'S NAME <u>Julius Kruse</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline</u>		14. NAME OF HUSBAND OR WIFE _____			
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Schroer</u> ADDRESS <u>5076 Wells St.</u>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the esophagus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 mo?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary tuberculosis</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>150X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Oct 3, 1951, to Oct 28, 1951, that I last saw the deceased alive on Oct 27, 1951, and that death occurred at 8:54 m., from the causes and on the date stated above.

23a. SIGNATURE <u>William A. Duran MD</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Mo. St. Louis</u>	23c. DATE SIGNED <u>10/29/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-30-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-29-51</u>	REGISTRAR'S SIGNATURE <u>Hubert P. Tomke MD</u>	FUNERAL DIRECTOR'S SIGNATURE <u>St. Louis Funeral Home</u> ADDRESS <u>2205 St. Louis</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 28 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John J. Haines*

Licensed Embalmer No. *4108*

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.