

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39293

State File No.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 10073

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179		
d. FULL NAME OF HOSPITAL OR INSTITUTION Stone Nursing Home				d. STREET ADDRESS (If rural, give location) 3625 Blaine				
3. NAME OF DECEASED (Type or Print) JOHN W. KRUETZ			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH 11-5-51		(Month)		(Day)		(Year)		
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED		8. DATE OF BIRTH 6-11-1873		
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Fulton, Mo. 0		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME George Kruetz		13b. MOTHER'S MAIDEN NAME Christine ?		14. NAME OF HUSBAND OR WIFE Leora Kruetz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 20 12		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oda Huggett, 3625 Blaine avenue				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca Prostate		ANTECEDENT CAUSES DUE TO (b) None						
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION 7-24-49		19b. MAJOR FINDINGS OF OPERATION Ca Prostate					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? 177X				
22. I hereby certify that I attended the deceased from 12-10 1948 to 11-6, 1951, that I last saw the deceased alive on 11-10, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.								
23a. SIGNATURE Philip Schuerer M.D.				23b. ADDRESS 1703 Grand		23c. DATE SIGNED 11-8-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal 4		24b. DATE 11-7-51		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Fulton, Mo.		
DATE REC'D BY LOCAL REG. NOV 13 1951		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service 4104 Manchester Ave.				

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

John Fetter

Licensed Embalmer No. 3880

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of..... }
County of..... } ss.

State File No. 39293
Local Registrar's No. 10073

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....
....., who, upon..... oath, states that the original record of ^{birth} death
for John W. Kreutz died 11-5-1951, 19....., in the State of
~~born~~ Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 3 should read John W. Kreutz

Instead of..... John Kruetz

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Bowling Fun. Dir.
Relationship.

John B. Smith 4104 Manchester
Present Address.

Subscribed and sworn to before me this 28 day of Nov, 1951

My Commission expires 3-4-53 Ben J. Paddock Notary Public.