

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36575

OCT 21 1952

318

1003

State File No.

9297

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 <u>MISSOURI</u> b. COUNTY _____	
b. CITY OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>4722 - SACRAMENTO - AV.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ENROUTE-TO-CITY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u> b. (Middle) <u>DOROTHY</u> c. (Last) <u>KRUSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 7TH 1952</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAY 3RD 1873</u>		9. AGE (In years last birthday) <u>79 YRS</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE-WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT-HOME</u>			11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>WIEGER</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>HENRY-KRUSE - (DECD.)</u>					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry J. Huser 3218 Barbey Ave. St. Louis</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, asphyxia, etc. It means the disease, injury, or complication which caused death.												INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____													
ANTECEDENT CAUSES													
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.													
DUE TO (b) <u>Cerebral poplexy</u>													
DUE TO (c) _____													
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 type="checkbox"/> NO <input checked="" 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)		
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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? <u>334X</u>			
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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 5:40 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph M. Zucchin Deputy</u>			23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>10/8/52</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 10TH 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY-CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS - MO.</u>			
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Oct 8 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brockland Und. Co. 1827-HOGAN-ST.</u>	
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WRITE PLAINLY—USING UNFAADING 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 *Robert M. Murray*

Licensed Embalmer No. *3749*

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.