

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26604

State File No.

6558

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** 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. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 3637 Sullivan Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospt			

3. NAME OF DECEASED (Type or Print)	a. (First) Elsie	b. (Middle) P.	c. (Last) Krueger	4. DATE OF DEATH (Month) (Day) (Year) June 30 1953
-------------------------------------	-------------------------	-----------------------	--------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 27 1886	9. AGE (In years) (Month) (Day) 67	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
----------------------	-------------------------------	---	---------------------------------------	---	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady	10b. KIND OF BUSINESS OR INDUSTRY Ellerbrock Baking	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
---	--	---	--

13a. FATHER'S NAME Charles Bergt	13b. MOTHER'S MAIDEN NAME Louise Kriesler	14. NAME OF HUSBAND OR WIFE Benjamin Krueger Dec
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 218-217	17. INFORMANT'S SIGNATURE OR NAME Ben Krueger	ADDRESS 3429 Carson Rd.
--	--	--	--------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction		hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Hypertension		years years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute cholecystitis & peritonitis		hours	

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 420.1
--	--	--

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 11/15, 1952 to 6/30, 1953, that I last saw the deceased alive on 6/30, 1953, and that death occurred at 6:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE Max S. Traublin (Degree or title) M.D.	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 7/2/53
---	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 3 1953	24c. NAME OF CEMETERY OR CREMATORY New Pickler Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. JUL 2 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Mcwick Bros.	ADDRESS 2201 S. Grand Blvd
--	--	--	-----------------------------------

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

Dr. Max. S. Franklin

No. Three Bldg.

No 4375

2 to 4 Thur

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.....
Signature of Student Embalmer

Signed *Albert Mayfield*

Licensed Embalmer No. *307*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.