

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34640

State File No. \_\_\_\_\_

XC-193 954  
REG #101,615  
BIRTH NO. <sup>FILED</sup> OCT 9 - 1953

REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 2489

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (in this place) <b>515 DAYS</b>	c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			e. STREET ADDRESS (If rural, give location) <b>RECTOR HOTEL, 6TH AND WALNUT</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>KRUEGER, HILMER H.</b> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPTEMBER 20, 1953</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JULY 8, 1893</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOTEL CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOTEL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>HARICON, WISCONSIN /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>HENRY J. KRUEGER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ALBRET</b>		14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES WW-I</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</b>		
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, ashenia, 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) <b>CEREBRAL HEMORRHAGE</b>			DUE TO (b) <b>HYPERTENSIVE CARDIOVASCULAR DISEASE</b>		
* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>ARTERIOLEAR NEPHROSCLEROSIS</b>			<b>446X</b>		
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"/>	
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) (Min)		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 <b>April 23, 1952</b> , to <b>SEPTEMBER 20, 1953</b> , and that death occurred at <b>10:35A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>VA HOSPITAL, JEFF. BRKS, MO.</b>		23c. DATE SIGNED <b>9-21-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal train</b>		24b. DATE <b>9-22-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>unk</b>	24d. LOCATION (City, town, or county) (State) <b>Watertown, Wisconsin</b>	
DATE REC'D BY LOCAL REG. <b>9/22/53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SOUTHERN FUNERAL HOME 8322 S. GRAND BLVD.</b>	

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 *David Van Gossan*

Licensed Embalmer No. *4292*

P. O. Address *6322 So Hi*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.