

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED NOV 19 1953

State File No. **40730**
Registrar's No. **10331**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town or township) Saint Louis		a. STATE Missouri b. COUNTY	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
d. STREET ADDRESS 4551 Carter Avenue, 15,		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) EMMA		a. (First) _____ b. (Middle) _____ c. (Last) KRUSE		4. DATE OF DEATH (Month) (Day) (Year) Oct. 29th, 1953	
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 26th, 1974		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Unknown (Doersam)		13b. MOTHER'S MAIDEN NAME Katherine (Unknown)		14. NAME OF HUSBAND OR WIFE Late Frank F. Kruse	
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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) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mr. Fred Kruse, 6525 Oleatha Avenue, (9)		ADDRESS	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 YEAR	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFLAMMATORY CARCINOMA BREAST		DUCE TO (b)		DUCE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIO SCLEROSIS							

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)	
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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? 170X	
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22. I hereby certify that I attended the deceased from 1 JULY, 1953, to 29 OCT, 1953, that I last saw the deceased alive on 29 OCT, 1953, and that death occurred at 7:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Carl W. Lamin M.D.</i>		23b. ADDRESS <i>4119 E. Franklin</i>		23c. DATE SIGNED 30 OCT 1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/2/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
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DATE REC'D BY LOCAL REG. OCT 31 1953		REGISTRAR'S SIGNATURE <i>Carl W. Lamin</i>		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., ST. LOUIS, MISSOURI		ADDRESS FUNERAL HOEM, INC., St. Louis, 15, Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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..... *Ralph C. Linder*

Licensed Embalmer No. *4275*

P. O. Address..... *St. Louis, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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