

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13701
3736

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) c. LENGTH OF STAY (In this place) c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2848 ARSENAL
STREET ADDRESS (If rural, give location) 24 2848 ARSENAL

3. NAME OF DECEASED a. (First) ANNA b. (Middle) M. c. (Last) KRUSE
(Type or Print) 4. DATE OF DEATH (Month) (Day) (Year) 4-24-54

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED
8. DATE OF BIRTH SEPT. 18-1877 9. AGE (In years last birthday) 76
If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN SCHUTTENHELM 13b. MOTHER'S MAIDEN NAME ELIZABETH BRUEGGEMAN 14. NAME OF HUSBAND OR WIFE WILLIAM KRUSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS OTTO KRUSE 432 GABRIEL DR.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) none
As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) none
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none
INTERVAL BETWEEN ONSET AND DEATH chest pain
few hours before death

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Dec 14, 1951, to April 23, 1954, that I last saw the deceased alive on April 23, 1954, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE Walter G. Ellis, (Type or Print) (Signature Title) _____ 23b. ADDRESS 16 Newton Village Plaza
23c. DATE SIGNED Apr. 24, 1954

24a. BURIAL, CREMATION, REMOVAL REMOVAL 24b. DATE 4-27-54 24c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. APR 26 1954 REGISTRAR'S SIGNATURE J. Carl Smith
FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2906 Garrison

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 398.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.