

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17200**  
Registrar's No. **4195**

318

1003

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 adaptation) a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Jackson</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>Lutheran Hospital.</b>				e. STREET ADDRESS (If rural, give location) <b>211 Monroe St.</b>				<b>0161</b>			
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)		
			<b>Ella</b>		<b>Marie</b>		<b>Krueger</b>		<b>May 8 1954.</b>		
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY?	
<b>Female</b>		<b>White</b>		<b>never married</b>		<b>June, 3, 1894</b>		<b>59</b>		<b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
<b>Housework</b>				<b>Private Home.</b>				<b>Petersberg Mich.</b>		<b>U.S.A.</b>	
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE			
<b>Rev. John Krueger</b>				<b>Ella Plass</b>				-----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
<b>No.</b>				<b>Nil.</b>		<b>None</b>		<b>Mrs Arthur Kasten Jackson, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Large Retroperitoneal Metastatic Tumor</b>								<b>6 months.</b>	
		ANTECEDENT CAUSES									
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
		DUE TO (b) <b>Carcinoma of Rectum</b>								<b>2 yrs.</b>	
		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?			
<b>July 6, 1953</b>				<b>Carcinoma of Rectum</b>				YES <input 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)			
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?							
				<b>154X</b>							
22. I hereby certify that I attended the deceased from _____, 1938, to <b>May 8, 1954</b> , that I last saw the deceased alive on <b>May 7, 1954</b> , and that death occurred at <b>3:00 A.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title)						23b. ADDRESS			23c. DATE SIGNED		
<b>Wm. Herman M.D.</b>						<b>3701 Grand Square</b>			<b>5/8/54</b>		
24a. BURIAL/CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county)		(State)			
<b>Removal</b>		<b>5-8-54</b>		<b>Russell Heights Cem.</b>		<b>Jackson, Missouri.</b>					
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
<b>MAY 10 1954</b>		<b>J. Carl Smith M.D.</b>				<b>Albert H. Hoppe 4700 Washington</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

SEP 22 1955

MAY 21 1954

**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.....  
*John S. Hennrich*

Licensed Embalmer No. *716*

P. O. Address *St. Louis*

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.