

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29037

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7360

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		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 type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5727a Astra Ave.		e. STREET ADDRESS 5727a Astra Ave		20190	

3. NAME OF DECEASED a. (First) John		b. (Middle) F.		c. (Last) Krueger		4. DATE OF DEATH (Month) (Day) (Year) Aug 7 1954	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 23 1892	
9. AGE (In years last birthday) 62		10. KIND OF BUSINESS OR INDUSTRY Dry Cleaning		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Krueger		13b. MOTHER'S MAIDEN NAME Dora Rohlfing		14. NAME OF HUSBAND OR WIFE Edna Krueger	
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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) yes WWI		16. SOCIAL SECURITY NO. 492 05 8719		17. INFORMANT'S SIGNATURE OR NAME Edna Krueger		ADDRESS 5727a Astra Ave.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus				INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
		ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				5 yrs 9	
		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? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4201	
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22. I hereby certify that I attended the deceased from 8/7, 1954, to 8/7, 1954, that I last saw the deceased alive on 8/7, 1954, and that death occurred at 12:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Eugene L. Arnold M.D.		23b. ADDRESS 8700 Partridge		23c. DATE SIGNED 8/9/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/10/54		24c. NAME OF CEMETERY OR CREMATORY New Bethel mrv		24d. LOCATION (City, town, or county) (State) St. Louis county Mo.	
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DATE REC'D BY LOCAL REG. AUG 9 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Buchholz Mortuary		ADDRESS 5967 W. Florissant	
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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 *Wilfred B. Baker*
Licensed Embalmer No. *455*
P. O. Address *A. Lane*

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.