

STANDARD CERTIFICATE OF DEATH

State File No. **43755**
Registrar's No. **11543**

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 township) 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 type="checkbox"/>
c. LENGTH OF STAY (in this place) 20 yrs.		e. STREET ADDRESS (If rural, give location) 1959 Alice Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1959 Alice Ave.			

3. NAME OF DECEASED a. (First) Lucy		b. (Middle)		c. (Last) Krueger		4. DATE OF DEATH (Month) (Day) (Year) Dec. 17 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 4 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY U.S.	

13a. FATHER'S NAME Daniel Moll	13b. MOTHER'S MAIDEN NAME Susan Schwartz	14. NAME OF HUSBAND OR WIFE Herman Krueger Deceased
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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. 406036 5159	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rudolph Krueger 1959 Alice 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 Mths
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of LIVER		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
11. 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1561
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22. I hereby certify that I attended the deceased from **Dec 17, 1954** to **54 Dec 17 54**, 19**54**, that I last saw the deceased alive on **Dec 17, 1954**, and that death occurred at **11A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Franklin Medler MD	23b. ADDRESS 4114 W Florissant	23c. DATE SIGNED 12/18/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. DEC 20 1954	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Mortuary 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 *W. J. Burdette*.....
Licensed Embalmer No. *455*

P. O. Address *A. La*.....

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.