

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44268**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **3030**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MO b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES		c. LENGTH OF STAY (in this place) 24 years	c. CITY OR TOWN 20 WEBSTER-GROVES
d. FULL NAME OF HOSPITAL OR INSTITUTION #3 WEST ROSE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) #3 WEST ROSE 40070	

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) R c. (Last) KRUEGER	4. DATE OF DEATH (Month) (Day) (Year) DEC 31 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 30-1910	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTOMOBILE-SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY SALESMAN	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U-S-A	

13a. FATHER'S NAME FRED KRUEGER	13b. MOTHER'S MAIDEN NAME MARY AGNES CAMPBELL	14. NAME OF HUSBAND OR WIFE ELVIA KRUEGER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 487-22-6968	17. INFORMANT'S SIGNATURE OR NAME Elvia Krueger #3 West Rose Webster Groves
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cranney thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	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) me	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **12-17-1954**, to **12-31-1954**, that I last saw the deceased alive on **12-28-1954**, and that death occurred at **8:15 A** m., from the causes and on the date stated above.

23a. SIGNATURE R. Embury	(Degree or title) _____	23b. ADDRESS 5203 Clipperton	23c. DATE SIGNED 12-31-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JAN 3-1955	24c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY	24d. LOCATION (City, town, or county) (State) ST LOUIS MO
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DATE REC'D BY LOCAL REG. 1/1/55	REGISTRAR'S SIGNATURE Harold R. Smith	25. FUNERAL DIRECTOR'S SIGNATURE Thomas R. Rutis	ADDRESS 2906 Gravois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

4007

5201
3
New - 1-1-562

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 *Leo Busse*.....
Licensed Embalmer No. *398*.....
P. O. Address *St. Louis, Mo.*.....

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.