

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14322**
Registrar's No. **799**

BIRTH NO. _____		REG. DIST. NO. 319		PRIMARY REG. DIST. NO. 100		Registrar's No. 799			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) St. Ferdinand TWP		c. LENGTH OF STAY (in this place) 11 yrs.		c. CITY OR TOWN St. Ferdinand TWP		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 11909 Larimore Rd.,				STREET ADDRESS (If rural, give location) 11909 Larimore Rd.,					
3. NAME OF DECEASED (Type or Print) FRANK C. KRUEGER			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH April 6th, 1955				(Month)		(Day)		(Year)	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH January 7th, 1882		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer (retired)		10b. KIND OF BUSINESS OR INDUSTRY Park Dept		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Gottlieb Krueger			13b. MOTHER'S MAIDEN NAME Wilhelmina Kerstring			14. NAME OF HUSBAND OR WIFE Ida Krueger			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 496-28-9922		17. INFORMANT'S SIGNATURE OR NAME Ida Krueger, 11909 Larimore Rd.,		ADDRESS			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of lung. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 17 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 8/25 , 19 52 , to 4/6 , 19 55 , that I last saw the deceased alive on 4/5 , 19 55 , and that death occurred at 5:00 Am. , from the causes and on the date stated above.									
23a. SIGNATURE J.C. Huebrick MD (Degree or title)				23b. ADDRESS 9 St. Francois Rd Ferguson		23c. DATE SIGNED 4/7/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/9/55		24c. NAME OF CEMETERY OR CREMATORY Salem Ev. Lutheran Cemetery St. Louis Co., Mo.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 4/7/55		REGISTRAR'S SIGNATURE Heobert R. Romberg		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DIEDRICH FUNERAL HOME, 8319 Hall's Ferry					

(Licensed Embalmer's Seal - Insert on Reverse Side)

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 *John S. Demme*.....

Licensed Embalmer No. *419*.....

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.