

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

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11010**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2240**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Mo.</b> 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>St. Louis</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 (If not in hospital or institution, give street address or location)		e. STREET ADDRESS (If rural, give location)	
<b>BARNES HOSPITAL</b>		<b>4914 Lansdowne Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>BARNES HOSPITAL</b> <b>Charles J. Kruse</b>	c. (Last) <b>J. Kruse</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 2, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 10, 1905</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur-Natkin</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>&amp; Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>East St. Louis, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Kruse</b>	13b. MOTHER'S MAIDEN NAME <b>Clara Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Lorraine M. Kruse</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lorraine M. Kruse</b>	ADDRESS <b>4914 Lansdowne Ave.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Tumor (Glioblastoma) malignant</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH <b>9 MOS.</b>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>193x</b>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Dec. 11, 1956**, to **Mar. 2, 1956**, that I last saw the deceased alive on **Mar. 2, 1956**, and that death occurred at **2:35A.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>C. J. Demillion, M.D.</i>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>3/2/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Mar. 5, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>MAR 2 1956</b>	REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i>	ADDRESS <b>4228 S. Kingshighway Bl.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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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..... *Richard W. Stores* .....

Licensed Embalmer No..... *40* .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.