X
Health, Welfare Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35777 9319

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY —	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY —
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ENROUTE-TO HOMER-PHILLIPS-HOSP. — Length of stay in 1b LIFE	d. STREET ADDRESS (If outside, give location) 8619-TARA-LANE — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First ALVERA — Middle SOPHIE — Last KRUSE		4. DATE OF DEATH Month OCT. Day 11 Year 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH MAR. 18TH 1914
9. AGE (In years last birthday) 42 YRS.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINE-OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY CUPPLES-HESSE ENVELOPE CO	11. BIRTHPLACE (City and state or country) ST. LOUIS - MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME HENRY — KRUSE		14. MOTHER'S MAIDEN NAME DOROTHY- WIGGER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO. 497-01-9474	17. INFORMANT Address HARRY-J. KRUSE = 8619 TARA-LANE.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 1. Fracture of the skull; 2. Subdural hemorrhage of the brain, suffered in collision between car operated by Edward McNamara, in which deceased was a passenger, and car operated by Sidney Atkinson at intersection of McLaran and Annetta Avenues, about 11:45 p.m.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) McNamara, in which deceased was a passenger, and car operated by Sidney Atkinson at intersection of
DUE TO (c) McLaran and Annetta Avenues, about 11:45 p.m.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) on October 11, 1956. ACCIDENT

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) See above
20c. TIME OF INJURY Hour a. m. p. m. 11:45P Month, Day, Year 10/11/56	E816.4 26
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) see above
20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Missouri	

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 11:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M Quinn Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 10/13/56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 16TH 1956	23c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY.
23d. LOCATION (City, town, or county) ST. LOUIS (State) MO.		
24. FUNERAL DIRECTOR Brockland Und. Co — ADDRESS 1827-HOGAN-ST.	25. DATE RECD. BY LOCAL REG. OCT 13 1956	26. REGISTRAR'S SIGNATURE J Earl Smith Md

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed JWm Binkley

Licensed Embalmer No. 36

P. O. Address St Lau

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.