

FILED DEC 6 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. **40190**BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **2797**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Normandy		c. CITY OR TOWN Normandy 11/9/56	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 year		e. STREET ADDRESS (If rural, give location) 8108 St. Charles Rock Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8108 St. Charles Rock Road			

3. NAME OF DECEASED (Type or Print) Mr. Walter T. Kruall		a. (First) Walter T.	b. (Middle) Kruall	c. (Last) Kruall	4. DATE OF DEATH (Month) Nov (Day) 25 (Year) 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 30 1885	9. AGE (In years last birthday) 71	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) Foreman Cutting Room		10b. KIND OF BUSINESS OR INDUSTRY Elder Mfg. Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Kruall	13b. MOTHER'S MAIDEN NAME Louise - - - - -	14. NAME OF HUSBAND OR WIFE Lulu Kruall (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Virginia Crook ADDRESS 8108 St. Charles Rock
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Heart Disease - Anterior-sclerotic, with Atrial Syndrome		INTERVAL BETWEEN ONSET AND DEATH unknown - ± 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 420.0 (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?
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22. I hereby certify that I attended the deceased from **Sept**, 19**56**, to **time of death**, 19**56**, that I last saw the deceased alive on **11/27**, 19**56**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Alfred Fleishman MD (Degree or title)	23b. ADDRESS 2560^A Woodmen Rd	23c. DATE SIGNED 11/26/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 28 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) Normandy, Mo. (State) MO.
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DATE REC'D BY LOCAL REG. 11-27-56	REGISTRAR'S SIGNATURE Herbert B. Donahue	25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son Inc. ADDRESS 2161 E. Fair Ave.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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.....
Licensed Embalmer No. 429
P. O. Address.....

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