

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18947

STATE FILE NUMBER

4578

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 ILLINOIS b. COUNTY MADISON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 8120 GRANITE CITY 8		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Length of stay in lb		STREET ADDRESS 2252 BENTON AVE.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) EBERHARDT (First) (NMN) (Middle) KRUESCHECK (Last)				4. DATE OF DEATH Month MAY Day 12 Year 1957					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7-22-1896		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY LACLEDE STEEL		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME FRANK KRUESCHECK				14. MOTHER'S MAIDEN NAME LENA LAUER					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW 1 WW 1		16. SOCIAL SECURITY NO. 342-05-5857		17. INFORMANT Mrs Etolia Kruescheck Address Granite City, Ill.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA								INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CHRONIC LYMPHATIC LEUKEMIA DUE TO (c) (ALSO CANCER OF LUNG)								9 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) 204.0								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from April 29, 1957 to May 12, 1957 and last saw him alive on May 12, 1957 Death occurred at 2:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Charles W. Parker (Degree or title)				22b. ADDRESS BARNES HOSPITAL			22c. DATE SIGNED May 12, 1957		
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE 5-15-57		23c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY		23d. LOCATION (City, town, or county) (State) ST. LOUIS, CO., MISSOURI			
24. FUNERAL DIRECTOR Frank Mercer ADDRESS Granite City, Ill.				25. DATE RECD. BY LOCAL REG. MAY 14 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.			

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 *Charles E. Merce*.....

Licensed Embalmer No. *29*

P. O. *Granite City*.....

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.