

Health, Welfare and Public Service
 000-56
 Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

57-023090
 STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1468

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkwood		a. STATE Missouri b. COUNTY St. Louis		c. CITY Valley Park 400' d. Inside Limits OR St. Louis County, (rural) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 714 S. Kirkwood Rd.		Length of stay in 1b 1 hr.		d. STREET ADDRESS (If outside, give location) R.R. #1, Valley Park		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HARRY			First	Middle I.	Last KRUEGER	4. DATE OF DEATH Month Day Year June 5, 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 May 24, 1890		9. AGE (In years of birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor			b. KIND OF BUSINESS OR INDUSTRY Bldg. Self Employed	11. BIRTHPLACE (City and state or country) Carrollton, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME August Krueger				14. MOTHER'S MAIDEN NAME Unknown Smith			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or unknown) No		(If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 142-03-8219	17. INFORMANT Harry J. Krueger, 10008 Meadowfield		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction due to Arteriosclerotic coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) Hypertensive and Arteriosclerotic heart dis.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 9 yrs. 9 yrs.	
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 a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
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 Kirkwood 22, Mo.		20g. STATE Mo.	
21. I attended the deceased from 11/23/53 to 6/5/57 and last saw her alive on 6/5/57. Death occurred at 5:35 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Philip P. Dolsy, M.D.				22b. ADDRESS 714 S. Kirkwood Rd.		22c. DATE SIGNED 6/7/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/8/57	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
24. FUNERAL DIRECTOR Pfitzinger Mortuary, Kirkwood, Mo.			25. DATE RECD. BY LOCAL REG. 6-8-57		26. REGISTRAR'S SIGNATURE Herbert R. Dombek		

(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 embalmed
by me, or by Student Embalmer No.
working under my personal supervision...

Student
Signature of Student Embalmer

Signed *William H. Fitzgerald*
Licensed Embalmer No.

P. O. Address *Verden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitute's 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.