

THE DIVISION OF HEALTH OF THE STATE OF MINNESOTA  
STANDARD CERTIFICATE OF DEATH

State File No. 28117

FILED SEP 9 1957 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5490 Registrar's No. 43

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MINNESOTA</u> b. COUNTY <u>HENNEPIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Oak Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richfield</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>7521 Park Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile S.E. of New Hampton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARVIN</u> b. (Middle) <u>Keneth</u> c. (Last) <u>Krueger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>July 21 1931</u>
9. AGE (in years last birthday) <u>26</u>		10. MONTHS <u></u>	11. DAYS <u></u>

9. AGE (in years last birthday) <u>26</u>	10. MONTHS <u></u>	11. DAYS <u></u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electrician</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>North Dakota</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Reinhold Krueger</u>		13b. MOTHER'S MAIDEN NAME <u>MARYA HILLER</u>	
14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>	16. SOCIAL SECURITY NO. <u>47-308304</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Werness Brothers Minneapolis MINN</u>	
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Death by Plane Crash</u>		
	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.		<u>866x</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>041</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest L. Hood</u> (For attorney) title) <u>DO</u>	23b. ADDRESS <u>Richfield</u>	23c. DATE SIGNED <u>9-3-1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 3 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DON'T KNOW</u>	24d. LOCATION (City, town, or county) (State) <u>MINNEAPOLIS MINN</u>
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DATE REC'D BY LOCAL REG. <u>9-3-57</u>	REGISTRAR'S SIGNATURE <u>Gella Mayer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W H Noble 9 San New Hampton</u>
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SEP 11 1951

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. S. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 516

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.