

FILED DEC 10 1957

318

1003

11374

Registration District No. Primary Registration District No. Registration 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 SAINT LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SAINT LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL			Length of stay in 1b LIFE		STREET ADDRESS 4505 HOLLY AVENUE		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last CHRISTINE KRUSE				4. DATE OF DEATH Month Day Year NOV. 26 1957							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JULY 14, 1868		9. AGE (In years last birthday) 89 yrs			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Saleslady			10b. KIND OF BUSINESS OR INDUSTRY Dry Goods		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Unknown Kruse				14. MOTHER'S MAIDEN NAME Maria Siemers Kruse							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Charles Wieghard, 8612 Park Lane 21			Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Robert Pneumonia DUE TO (b) After effects of Fall at Home DUE TO (c) EQ03.020 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Arteriosclerotic C.V.D. - Contusions & lacerations of face							INTERVAL BETWEEN ONSET AND DEATH 1 wch. 1 mo				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input checked="" 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.) Struck face in fall at home. Had pretty well healed lacerations on face before pneumonia.								
20c. TIME OF INJURY Hour Month, Day, Year 9:30 p.m. Oct 28 57			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home			20f. CITY, TOWN, OR LOCATION COUNTY STATE St Louis MO MO		
21. I attended the deceased from 28 October 1957 to 28 Nov 57 and last saw her alive on 25 Nov 57 Death occurred at 4:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Gordon E. Gunn M.D.				22b. ADDRESS 607 N. Grand Ave.		22c. DATE SIGNED 11-26-57	
23a. BURIAL, CREMATION, REGIONAL (Specify) Burial		23b. DATE Nov. 29, 1957		23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri					
24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 Nat'l. Bridge Blvd.				25. DATE RECD. BY LOCAL REG. NOV 27 57		26. REGISTRAR'S SIGNATURE Carl Smith MD m & b.					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

3903 DUNSMOUTH DRIVE  
3-5 Tuesday

File in city

Take to coroner for OK

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 *Ralph C. Zindera* .....

Licensed Embalmer No. 42

P. O. Address *St. Louis* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.