Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042532
STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2826

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Clayton — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): County Hospital — Length of stay in hospital: 3 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Jennings, Mo., 4148 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5753 Helen Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Susie Middle: Last: Kruse

4. DATE OF DEATH: Month: Nov. Day: 3 Year: 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: June 6-1880
9. AGE (In years last birthday): 78 — 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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): St. Louis, Mo., 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Stephen Neu
13b. MOTHER'S MAIDEN NAME: Ella Hutchensen
14. NAME OF HUSBAND OR WIFE: Late John P. Kruse

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.: None
17. INFORMANT: Ray L. Linebach Address: 4026 Folsom Ave

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c) 332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-16-58, to 11-3-58 and last saw her alive on 11-3-58
Death occurred at 7:25 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jesse H. Page (Degree or title) M.D.
22b. ADDRESS: 601 S. Brentwood, Clayton, Mo
22c. DATE SIGNED: 11/3/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Nov. 6-1958
23c. NAME OF CEMETERY OR CREMATORY: Old Warrenton Cem
23d. LOCATION (City, town, or county) (State): Warrenton, Missouri.

24. FUNERAL DIRECTOR: Leidner Undertaking Co ADDRESS: 2223 St. Louis
25. DATE RECD. BY LOCAL REG.: 11-4-58
26. REGISTRAR'S SIGNATURE: Herbert P. Domke M.D.

(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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

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.