URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-041718

FILED VS DEC 11 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 211191 STATE FILE NUMBER

ENDED

1-5-60 SH

Rudolph Crosskreutz

Rudolph E. Grosskreutz

13a

BY AFFIDAVIT OF funeral director

DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3659 Pennsylvania
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3659 Pennsylvania
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Clara; Middle: W. H. ~~Crosskreutz~~; Last: Grosskreutz

4. DATE OF DEATH: Month: Dec.; Day: 1; Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Sept. 18, 1879

9. AGE (last birthday): 80

IF UNDER 1 YEAR: Months: 2; Days: 23

IF UNDER 24 HR: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garment worker

10b. KIND OF BUSINESS OR INDUSTRY: Mandels

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Rudolph E. Grosskreutz ~~Crosskreutz~~

13b. MOTHER'S MAIDEN NAME: Anna Kettlekamp

14. NAME OF HUSBAND OR WIFE: None

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.:

17. INFORMANT: Rose B. Ehret Address: 3659 Pennsylvania

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocarditis, chronic — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Arteriosclerosis — Unknown

DUE TO (c): 422.1

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Nov. 6, 1958 to 12-1-59 and last saw her alive on 11-30-59

Death occurred at 10:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Melvin A. Wilschi MD

22b. ADDRESS: 8916 Sarrori

22c. DATE SIGNED: 12-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec. 3, 1959

23c. NAME OF CEMETERY OR CREMATORY: St. Matthews Cem.

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Schumacher's ADDRESS: 3013 Meramec St.

25. DATE RECD. BY LOCAL REG.: DEC 3 1959

26. REGISTRAR'S SIGNATURE: Earl Smith 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4746

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.