URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-029144
STATE FILE NUMBER

FILED VS JUL 22 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1981

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Glen Dale — Length of stay in 1b: 16 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood Sanatoruim — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN Normandy — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 2941 Alger Ave. — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Carl Middle: J. Last: Krueger
4. DATE OF DEATH Month: 6 Day: 28 Year: 60
5. SEX: Male
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-2-89
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal
10b. KIND OF BUSINESS OR INDUSTRY: Const.
11. BIRTHPLACE (City and state or country): Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles Krueger
13b. MOTHER'S MAIDEN NAME: Johanna Lankhurst
14. NAME OF HUSBAND OR WIFE: Georgian Ann Krueger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.#1
16. SOCIAL SECURITY NO.: 494 05 6727
17. INFORMANT: Joseph Neaf Address: Clayton, Missouri

MEDICAL CERTIFICATION

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	acute coronary embolism	1 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arteriosclerotic heart disease	10 years
DUE TO (c)	generalized arteriosclerosis	10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral vascular accident, right hemiplegia

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

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 5-12-60 to 6-28-60 and last saw him alive on 6-28-60
Death occurred at 6-28-60 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas T. Flynn (Degree or title)
22b. ADDRESS 1300 Grand Rd. St Louis Mo.
22c. DATE SIGNED 6-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-30-60
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis Co,Mo.

24. FUNERAL DIRECTOR: J.W.Clark F.H. ADDRESS: 1125 Hodiamont Ave.
25. DATE RECD. BY LOCAL REG.: 6-30-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 _____ Signed Alfred F. Boed

Signature of Student Embalmer

Licensed Embalmer No. 266

P. O. Address 1125 Hd

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