

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3703

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *St. Louis Mo.* Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *De Paul Hospital* Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Mo.* b. COUNTY *St. Louis*

c. CITY OR TOWN *Jennings Mo.* Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) *8323 Mayfair Place* Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last *LILA CLAIRE KRUEGER*

4. DATE OF DEATH Month Day Year *April 17 1961*

5. SEX *Female*

6. COLOR OR RACE *White*

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH *3/28/1910*

9. AGE (last birthday) *51*

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) *Housewife*

10b. KIND OF BUSINESS OR INDUSTRY *None*

11. BIRTHPLACE (City and state or country) *Allenton Mo.*

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

13a. FATHER'S NAME *John W. Votaw*

13b. MOTHER'S MAIDEN NAME *Nellie Gifford*

14. NAME OF HUSBAND OR WIFE *Arthur A. KRUEGER*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? *None*

16. SOCIAL SECURITY NO. *None*

17. INFORMANT Address *Arthur A. Krueger 8323 Mayfair Pl.*

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

IMMEDIATE CAUSE (a) *Myocardial infarct*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) *Rheumatic heart disease unknown*

DUE TO (c) *inactive 416 X*

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

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. 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 *April 29, 1957* to *April 17 61* and last saw her *April 7 61* live on *315p* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *[Signature]*

22b. ADDRESS *206 Northland St #36*

22c. DATE SIGNED *4-18-61*

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

23b. DATE *4/20/1961*

23c. NAME OF CEMETERY OR CREMATORY *Memorial Park*

23d. LOCATION (City, town, or county) (State) *St. Louis Co. Mo.*

24. FUNERAL DIRECTOR ADDRESS *JOHN STYGAR & SON - 5541 RIVERVIEW BLVD*

25. DATE RECD. BY LOCAL REG. *APR 18 1961*

26. REGISTRAR'S SIGNATURE *Ed Smith, M.D.*

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. M. Rister*

Licensed Embalmer No. 3980

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.