

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039571

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3148

FILED NOV 15 1961

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Baden Terrace</u>		Length of stay in 1b <u>8 years</u>		c. CITY OR TOWN <u>Baden Terrace</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9812 Winkler Drive</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>9812 Winkler Drive</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First <u>Mabel</u> Middle <u>L.</u> Last <u>Krueger</u>				4. DATE OF DEATH Month <u>November</u> Day <u>7</u> Year <u>1961</u>															
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/23/90</u>		9. AGE (last birthday) <u>71 years</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>											
13a. FATHER'S NAME <u>David Robertson</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Klemp</u>				14. NAME OF HUSBAND OR WIFE <u>William F. Krueger</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mr. William F. Krueger, 9812 Winkler Dr. 36</u>													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ar. s. Heart Disease</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> <u>5 yrs.</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus.</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)															
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>										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 <u>Nov. 1959</u> to <u>Nov. 7, 1961</u> and last saw ^{her} _{him} alive on <u>Nov. 7, 1961</u> . Death occurred at <u>9:55 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <u>Joseph E. [Signature]</u> (Degree or title)				22b. ADDRESS <u>2250 Chambers, St. Louis</u>				22c. DATE SIGNED <u>11/18/61</u>											
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/10/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u>				23d. LOCATION (City, town, or county) <u>St. Louis County, Mo.</u>											
24. FUNERAL DIRECTOR <u>Calvin F. Feutz, 4828 Natural Bridge Blvd</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>11-8-61</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>													

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

CALVIN F. FEUTZ, 4828 Natural Bridge Blvd

11-8-61

[Signature]

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 Robert E. Muhleman

Licensed Embalmer No. 4916

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.