

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008340
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2241**

FILED MAR 7 1962

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|----------------|--------------|--|------------|----------|-----------------------|-----------------|
| VS 300 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | BY AFFIDAVIT OF |
| Rev. 4/59 | | | | | | |
| 1 | | | | | | |
| 2 <i>21/6</i> | | | | | | |
| 3 | | | | | | |
| 4 <i>1</i> | | | | | | |
| 5 <i>0</i> | | | | | | |
| 6 | | | | | | |
| 7 <i>0</i> | | | | | | |
| 8 <i>1</i> | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 <i>000</i> | | | | | | |
| 12 <i>65.0</i> | | | | | | |
| 13 | | | | | | |
| <i>65</i> | SHOULD READ | ITEM NO. | | | | |

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in lb 84 yrs. | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3507 Pestalozzi St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First LYDIA Middle CLARA Last KRUEGER | | 4. DATE OF DEATH Month February Day 24 , Year 1962 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 84 yrs. 11/19/177 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 84 yrs. 11/19/177 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR |
| 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Charles H. Krueger | | 13b. MOTHER'S MAIDEN NAME Henrietta Winkelmann | |
| 14. NAME OF HUSBAND OR WIFE None | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Mrs. Emma Ritter 3507 Pestalozzi St. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Multiple bruises due to fall</i> DUE TO (b) <i>Multiple Bruises due to Fall</i> DUE TO (c) <i>900.0-21</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Joseph M. Jensen</i> <i>Sept 1962</i> Conditions of any, which may rise to above cause (a) stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i> |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell down flight of steps at home | | 20c. TIME OF INJURY Hour ? Month, Day, Year a.m. ? 2 12 62 p.m. | |
| 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.) Home | |
| 20f. CITY, TOWN, OR LOCATION St. Louis Missouri | | 20g. COUNTY STATE | |
| 21. I attended the deceased from <i>12/19/61</i> to <i>2/24/62</i> and last saw her alive on <i>2/23/62</i> Death occurred at <i>7:35 A.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Frede Mortensen (Degree or title) <i>Frede Mortensen M.D.</i> | | 22b. ADDRESS 3701 Grandel Sq. <i>3701 Grandel Sq</i> | |
| 22c. DATE SIGNED 2/24/62 | | 22d. REGISTERAR'S SIGNATURE <i>Earl Smith, M.D.</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Feb. 27, 1962 | |
| 23c. NAME OF CEMETERY OR CREMATORY Concordia, Cemetery | | 23d. LOCATION (City, town, or county) St. Louis, Missouri | |
| 24. FUNERAL DIRECTOR Beiderwieden F.H.Inc.1936 St. Louis Ave. | | 25. DATE RECD. BY LOCAL REG. FEB 26 1962 | |

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Licensed Embalmer No. 4520

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.