

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Emil Fred Krueger
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Krueger 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased May 3 13 1916
(Month) (Day) (Year)

8. AGE: Years 26 Months 6 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Kirkwood Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Lineman

11. Industry or business City of Kirkwood

12. Name Emil Krueger

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Schlueter,

15. Birthplace Ballwin, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Krueger

(b) Address 1027 N. Kirkwood, Kirkwood

17. (a) Burial (b) Date thereof 11/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Ev. Cemty

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood, Mo.

19. (a) NOV 17 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 1027 N. Kirkwood
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1942 hour 3:05 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov 12 1942 to Nov 15 1942
that I last saw him alive on Nov 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

HODGKIN'S DISEASE

Duration 25 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature David M. Sheehey Jr. (M. D. or other) M.D.

Address BARNES HOSPITAL Date signed 11-15-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

9566

OCT 18 1948

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *John M. Meyer*
Licensed Embalmer No. *3288*
P. O. Address *Kirkwood, 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 this body is not embalmed, fact should be so stated above.