

FILED NOV 16 1942 318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 9278

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4421 Elmbank Ave /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community, Unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9/10  
(d) Street No. 4421 Elmbank Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME Caroline Kruse

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Frank L. Kruse 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August 21, 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 17 If less than one day  
hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank L. Kruse  
(b) Address 4421 Elmbank Ave

17. (a) Burial (b) Date thereof 11/11/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) NOV 10 1942 (b) J. J. Budeck  
(Date rec'd. or local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 8th  
year 1942 hour 10:22 PM minute M.

21. I hereby certify that I attended the deceased from Nov. 5 - Nov. 8, 1942  
that I last saw her alive on Nov. 8, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion Incl.  
Arteriosclerosis Incl.

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy aut

Duration  
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 R. J. Rigler (M. D. or other) .....  
Address 415 8th Street Date signed 10/19/42

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

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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 *William G. Bushhol*

Licensed Embalmer No. *2110*

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 this body is not embalmed, fact should be so stated above.**