MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29176

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 29176

Township ..... Primary Registration District No. 1003 Registered No. 8767

City St Louis (No. 4717 Cupples Place St. ..... Ward)

2. FULL NAME Henry Kruse

(a) Residence. No. 4717 Cupples Pl St., 10 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Kruse

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 27 - 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	2	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: President
(b) General nature of industry, business, or establishment in which employed (or employer): Soda
(c) Name of employer: Tip Top Bottling Co

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Not known
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Not known

14. INFORMANT: Alvin N. Kruse
(Address): 5661 St Louis Ave

15. FILED OCT - 1 1927 19 Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 28 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1927 to Sept 28 1927 that I last saw him alive on Sept 27 1927, and that death occurred, on the date stated above, at 1:16 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
from history several years (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

12900

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Peter Heck, M. D
9/28, 1927 (Address) 4701 St Louis Ave,

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Johns North
DATE OF BURIAL: Oct 1 1927

20. UNDERTAKER: Kron Luco
ADDRESS: 2707 N Grand

...OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
...carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state