

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

Do not use this space.

32249

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. **9659**

Township.....

Primary Registration District No. **1003**

Registered No. **9659**

City St. Louis Mo. (No. ....) Ward

**2. FULL NAME Pauline Marie Kreuzer.**

(a) Residence. No. 5714 Natural Bridge Ave. / 10 Ward. ....  
(Usual place of abode)

(If nonresident give city or town and State)

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 Female 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Kreuzer.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/12/1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 9 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework.  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

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

10. NAME OF FATHER David Beckers.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Do Not Know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

14. INFORMANT Alvin Kreuzer  
(Address) 3714 Nat Bridge Ave

15. FILED OCT 28 1927 Max G. Starks REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/26/27 19

17. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1927, to Oct 27, 1927, that I last saw her alive on Oct 26, 1927, and that death occurred, on the date stated above, at 4:30 P.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

2.1. chronic Mellitus  
with nephritis  
59  
93L (duration) yrs. / mos. ds.

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

**18. WHERE WAS DISEASE CONTRAICTED**

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Wm. J. Ross, M. D.

, 19 (Address) 1908 9 Grand

\*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 DATE OF BURIAL

S.S. Peter & Paul. 10/29/27 19

20. UNDERTAKER ADDRESS Provost and Co 3710 N. Grand

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

PERMANENT RECORD

THIS IS AN UNPAID INK

