WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

4277

**1. PLACE OF DEATH**

County ..... Registration District No. 79 ..... File No. .....

Township ..... Primary Registration District No. 100 ..... Registered No. 902

City St. Louis, (No. Home for the Aged. St. ..... Ward)

**2. FULL NAME** Martin Kruse

(a) Residence. No. 3400 S. Grand Blvd. St., 16 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont know. 1859.

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| About | 69 | -- | -- | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe Maker.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

89

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

10

PARENTS

10. NAME OF FATHER Anton Kruse.

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

10

12. MAIDEN NAME OF MOTHER Elizabeth Wulbusch

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

10

14. INFORMANT C. M. Kruse (Address) 4449 Clarence Avenue

15. FILED JAN 19 1929 Max C. Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 1117

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1929, to Jan 17, 1929, that I last saw him alive on Jan 17, 1929, and that death occurred, on the date stated above, at 8 p.m.

8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver

46

97

(duration) yrs. 1 mos. 17 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) yrs. 1 mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Fr Garcia, M. D

Jan 14 1929 (Address) 3165 So 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 Calvary Cemetery.

DATE OF BURIAL Jan. 19, 1929

20. UNDERTAKER J. H. Gibbons Lan. H. Co

ADDRESS 2842 Meramec