MAR 21 1929

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

Do not use this space.

5730

1. PLACE OF DEATH
County Cape Girardeau Mo Registration District No. 125
Township " Primary Registration District No. 3009
City " (No. S.E. Mo. Hospital St. Ward)

File No.
Registered No. 43

2. FULL NAME Mrs. Emilie Krueger
(a) Residence. No. R.F.D. # 3 St. 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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 21 1859

7. AGE: 69 YEARS | MONTHS: 11 | DAYS: 22 | If LESS than 1 day, ... hrs. or ..... min.

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) Cape County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Frederick Hillermann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Wilhelmina Shatte
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs. H. Hillermann
(Address) Cape Girardeau Mo

15. FILED 2/13 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1929, to Feb 11, 1929, that I last saw her alive on Feb 11, 1929, and that death occurred, on the date stated above, at 3:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of heart
Chronic Endocarditis
Mitral Valve disease
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute dilatation of heart
(duration) yrs. mos. 1/12 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Sounds, anasarca etc
(Signed) Carl W. Zimmermann, M.D.
, 19 (Address)

*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: Hanover Cemetery
DATE OF BURIAL: Feb. 14 1929

20. UNDERTAKER: A. Brinkopf
ADDRESS: 536 Broadway

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.

235
1
10
10