WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 27 1929

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.

CERTIFICATE OF DEATH

7911

1. PLACE OF DEATH
County: St. Louis
Township: Carondelet
City:
Registration District No. 1123
Primary Registration District No. 6248 E
(No. Foot of Ripa Avenue St. Ward)
File No.
Registered No. 95

2. FULL NAME Frederick Krueger
(a) Residence. No. 1953 Lynch Street St. Ward.
(Usual place) (If nonresident give city or town and State)
Length of residence in city or place of 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 12.1881.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	8	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Postal Clerk.
(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

PARENTS
10. NAME OF FATHER: John Krueger.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know

14. INFORMANT: M. A. Krueger
(Address): 1953 Lynch Street.

15. FILED: Feb 15 29 L. C. Obrock M.D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 14 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 1 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
165 Suicide by hanging from rope.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 168
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Foot of Ripa Ave.
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John O'Connell, M. D.
2/14, 1929 (Address) St Louis County Coroner

*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: S. S. Peter & Paul Cemetery
DATE OF BURIAL: Feb. 16 1929

20. UNDERTAKER: [redacted] Co
ADDRESS: 2630 Gravois