

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

Do not use this space.

13163

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003** File No.
 City **St. Louis Mo.** (No. **3720**) City **Neboska Ave.** Registered No. **3723**
 St. Ward)

2. FULL NAME

Henry Kruse
 (a) Residence. No. **3220 Neboska** St. **24** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 20 1868**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
60 **11** **4**

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo.**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Henry Kruse**

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

12. MAIDEN NAME OF MOTHER **Not known**

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

14. INFORMANT **Olivia Kruse**
 (Address) **3220 Neboska Ave**

15. FILED **May 2 1929** REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 27 1929**

17. I HEREBY CERTIFY, That I attended deceased from **Feb 4th** 19**29**, to **March 24th** 19**29**.
 that I last saw h. ~~awa~~... alive on **March 23rd** 19**29**, and that death occurred, on the date stated above, at **10:05 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Emphysema of lungs non alcoholic
12 1/2 (duration) yrs. **2** mos. da.

CONTRIBUTORY (SECONDARY) **Chronic Bright's Disease**
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **12 1/2**
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
3/ (Signed) Ch. F. Shuster, M. D.
14, 19**29** (Address) **3860 S. Perry**

*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 **Sunset Burial Pt.** **DATE OF BURIAL** **3-26 1929**

20. UNDERTAKER **Ziegenhein Bro. 2623 S. Chesnut** **ADDRESS**

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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.

