

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

Do not use this space.

1364
356

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

399
Registration District No. 399
Primary Registration District No. R007
(No. St. Luke's Hospital)

File No. 1364
Registered No. 356
St. _____ Ward)

2. FULL NAME

Oscar H. Kraeger

(a) Residence. No. 3906 Zens Avenue St. 12 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 Florence Kraeger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 6 7 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(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) New York

10. NAME OF FATHER Frederick Kraeger

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

12. MAIDEN NAME OF MOTHER Mariah Itel

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

14. INFORMANT Mrs. Florence Kraeger
(Address) 3906 Zens

15. FILED 1/25, 1930 M.M. Crowe
REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 20 1929, to Jan 22 1930 that I last saw him alive on Jan 22 1930 and that death occurred, on the date stated above, at 3:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Euro-carditis
Septicemia
Pneumonia (bronchial)
(duration) yrs 2 mos 2 da.

CONTRIBUTORY (SECONDARY) PA
(duration) yrs _____ mos _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Christmas 24, 1929

WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory - Clinical
(Signed) Edw. D. Meskens, M.D.

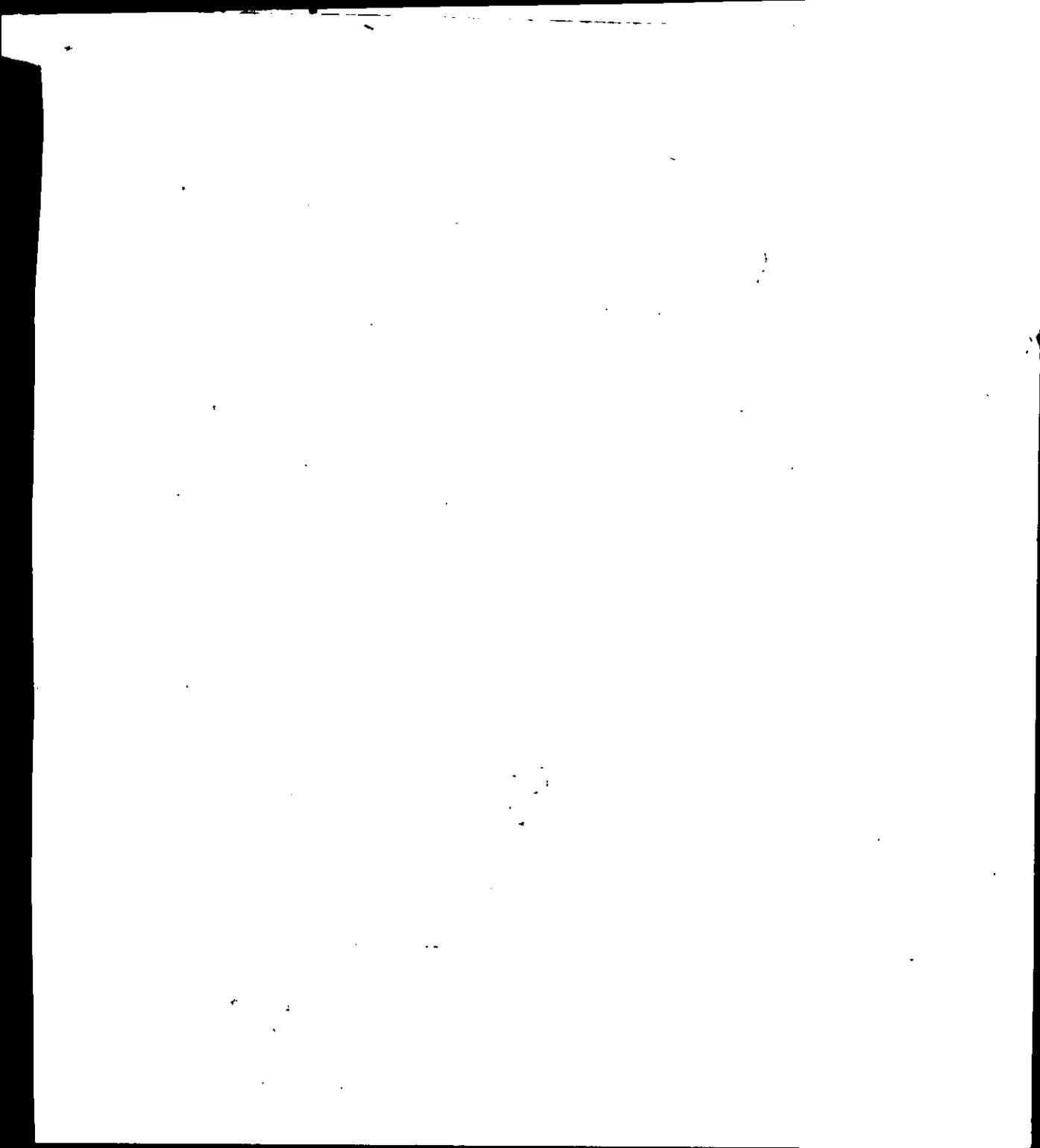
1/22, 1930 (Address) 731 W. 4th Bldg
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Luke's Hospital Cem. DATE OF BURIAL 1-24-1930

20. UNDERTAKER Stine + McClure ADDRESS 3235 William Plaga

N. B.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in detail.

22
2
10
2



Name: Oscar H. Kraeger
Who died at: Kansas City, Mo. Jan 22, 1930
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Endocarditis - Septicemia
Broncho Pneumonia

Contributory: Cutery punch operation by Dr. H. Reuther on Nov 28-30-1929 as relief for adenoiditis

Where was disease contracted? _____

Did operation precede death? yes Date of Nov 28-30-1929

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: Edw. H. Thuesen

Address of physician: 810 Reuther

S-1364

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. 356
City..... (No. St. Lukes Hosp) St. Ward.....

2. FULL NAME

(a) Residence. No. 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 1/25 30 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1930

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

Indistinct
Pneumonia - Bronchial
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Obstruction of Bladder
hypertrophy of prostate
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IN NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? POW / DATE

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edw. H. Heissen, M. D.
, 19 (Address) 231 Wesley Bldg

*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

20. UNDERTAKER ADDRESS

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.
ONLY PHYSICIANS SHALL COMPLETE AS PRESCRIBED BY THIS BOARD.
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SUPPLEMENTARY

S-1364