

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

Do not use this space.

6572

1. PLACE OF DEATH

County.....

Registration District No. **791**

1003

Township.....

Primary Registration District No.

File No.

City **St. Louis Mo** (No. **Deaconess Hosp**)

Registered No. **1388**

St. Ward)

2. FULL NAME

KRUEGER - Mrs. Sophia

(a) Residence. No. **Manheim Ill** St. **11** Ward. **Manheim Ill**
(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rev. J. H. Krueger**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 31st 1864**

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
65 | 6 | 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer) ..
(c) Name of employer ..

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

10. NAME OF FATHER **Jacob Brunner**

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

12. MAIDEN NAME OF MOTHER **Babette Runerige**

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

14. INFORMANT **J. H. Krueger**
(Address) **Manheim Ill**

15. FILED **1930** REGISTRAR **Henry Ludner**

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 8 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 16**, 19**30**, to **Feb 8**, 19**30**
that I last saw him alive on **Feb 8**, 19**30**, and that death occurred, on the date stated above, at **2:00 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Adeno-Carcinoma of Uterus
Loose Spleen - 48
440 465
53K yrs. 6 mos. da.
CONTRIBUTORY **Adeno-Carcinoma of Uterus**
(SECONDARY)
removed 8 yrs ago. (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. **Potosky Mich**

19. DID AN OPERATION PRECEDE DEATH. **no** DATE OF ..

20. WAS THERE AN AUTOPSY. **Yes**

WHAT TEST CONFIRMED DIAGNOSIS. **Autopsy**
(Signed) **G. R. Pfeiffer**, M. D.
2/9/30 19 (Address) **1041 Mo. Bldg - St. Louis Mo.**

*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 **Manheim Ills** DATE OF BURIAL **Feb 10 1930**

20. UNDERTAKER **Henry Ludner** ADDRESS **1477 N. 7th St. St. Louis Mo.**

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.

WHILE I DANCE WITH UNFADING INTEREST THIS IS A PERMANENT RECORD

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