

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

Do not use this space.

14450

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003 File No.
 City St. Louis (No. Lutheran Hospital) Registered No. 3794 St. Ward)

2. FULL NAME

Walburga Kruehling
 (a) Residence. No. 940 Withnell 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Kruehling</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 7-1877</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>11</u>
	DAY <u>8</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housework</u> (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)
Switzerland

PARENTS	10. NAME OF FATHER <u>Andreas Padrutt</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>
	12. MAIDEN NAME OF MOTHER <u>Margdalena Huetsch</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	

14. INFORMANT H. A. Padrutt
 (Address) San Antonio Tex

15. FILED 19.....
Max C. Starks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5
 16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 1930
 17. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1930, to Apr. 15, 1930, that I last saw him alive on Apr. 15, 1930, and that death occurred, on the date stated above, at 12:30 p. m.
 18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
131
1108
1053

Acute parenchymatous nephritis
anaemia due to lapsed nephritis (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Bronchitis with pleurisy
non tubercular (duration) yrs. mos. ds. 10

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?
 (Signed) Edwin B. Meener, M. D.
4/15 1930 (Address) 6600 Delmar Blvd

*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 <u>New St. Marceus</u>	DATE OF BURIAL <u>Apr 17 1930</u>
20. UNDERTAKER <u>Wacker Selderle</u>	ADDRESS <u>2331 S. Blue</u>

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. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

