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

Do not use this space.

Per. 407 40657

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 407

City Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks, Mo. St. Ward)

2. FULL NAME Henry C. Krueger,

(a) Residence. No. 1335 So. 13th Str., St. Louis, Mo. St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred un yrs. kn mos. own 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	Divorced.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 21, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	55	10	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Police Officer.

(b) General nature of industry, business, or establishment in which employed (or employer) City of St. Louis, Mo.

(c) Name of employer City of St. Louis, Mo.

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

PARENTS

10. NAME OF FATHER Unavailable.

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

12. MAIDEN NAME OF MOTHER Unavailable.

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

14. INFORMANT C. H. Smith, Clinical Director.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED Dec. 13, 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, 19, to December 12, 1930 that I last saw him alive on December 12, 1930, and that death occurred, on the date stated above, at 8:30 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis.

93c

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory findings.

(Signed) W. C. Gibson, Medical Officer In Chg. M.D.
, 19 (Address) U.S. Veterans' Hospital, Jefferson Barracks, 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: National Cemetery (Jefferson Barracks) — DATE OF BURIAL: Dec 15 1930

20. UNDERTAKER: Peetz Bros 3029 — ADDRESS: Lafayette 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.