

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 4551) Harris Ave St. .... Ward

File No. 2908  
Registered No. 616  
St. .... Ward

**2. FULL NAME**

(a) Residence, No. 4551 Harris Ave St. .... Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1847  
7. AGE YEARS 84 MONTHS 5 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cit Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

13. NAME Henry Kruse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Oscar Eismann (ADDRESS) 4551 Harris Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Jan. 31, 1932

19. UNDERTAKER Math. Hermann & Son (ADDRESS) Calhoun Fair Ave.

20. FILED JAN 20 1932 Max C. Starck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1932  
22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1931, to Jan. 18, 1932  
I last saw her alive on Jan. 18, 1932. Death is said to have occurred on the date stated above, at 10:50 a.m.  
The principal cause of death and related causes of importance were as follows:

Acute Broncho-pneumonia Jan. 16, 1932  
10/15/31  
Other contributory causes of importance: Chronic Interstitial nephritis Don't know

Name of operation ..... Date of .....  
What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) Poland P. Menoun, M. D.

(Address) 5330 Geraldine Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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