

Dr. Bedford

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

Do not use this space.

25753

File No. 204
 Registered No. _____
 St. _____ Ward _____

1. PLACE OF DEATH

County Cole
 Township _____
 City Jefferson (No. _____)

Registration District No. 213
 Primary Registration District No. 3014

2. FULL NAME Mrs. Katherine L. Krueger

(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 Female 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 Otto J. Krueger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-18-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.

68 2 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 2³⁵

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. Louis, Mo. /13. NAME Michael Bosch14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden, Germany15. MAIDEN NAME Margaret Popp16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria, Germany17. INFORMANT Otto J. Krueger
(ADDRESS) Jefferson City, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Aug-28- 193219. UNDERTAKER Joseph G. Gordon
(ADDRESS) Jefferson City, Mo20. FILED 8/31/1932 Dr. J. E. Bedford
Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27 1932I HEREBY CERTIFY, That I attended deceased from Aug. 21 1932 to Aug. 27 1932I last saw her alive on Aug. 26 1932. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

82A
97 apoplexy of the

Date of onset

Other contributory causes of importance: Arterio-sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Dr. J. E. Bedford, M. D.(Address) J. E. Bedford

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.

SEP 22 1932

