

Wm. Stoeckle

Rev 8251

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

Do not use this space.

37205

1. PLACE OF DEATH

County ..... Registration District No. .... File No. ....  
Township ..... Primary Registration District No. .... Registered No. **9820**  
City *St. Louis* (No. *Illacoress Hospital* St. .... Ward) .....

2. FULL NAME

*Katie Krueger (Vickmann)*  
(a) Residence, No. .... St. *4* Ward. *Care Creek Mo*  
(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Aug. Krueger</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 5, 1864</i>		
7. AGE <i>68</i>	YEARS <i>10</i>	MONTHS <i>1</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		IF LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>		11. Total time (years) spent in this occupation <i>3</i>
10. Date deceased last worked at this occupation (month and year) .....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Stratman, Mo</i>		
13. NAME <i>Wm Vickmann</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown 31</i>		
15. MAIDEN NAME <i>Theresa Foehr</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>		
17. INFORMANT <i>Aug. Krueger</i> (ADDRESS) <i>Care Creek, Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Gr. St Pauls</i> DATE <i>11-9-1932</i>		
19. UNDERTAKER <i>Braunman Bros</i> (ADDRESS) <i>W. Overland</i>		
20. FILED <i>IV - 7 1932</i> <i>J. D. Stoeckle</i> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-6-1932*

22. I HEREBY CERTIFY, That I attended deceased from *11/1* 1932, to *11/6* 1932  
I last saw her alive on *11/6* 1932. Death is said to have occurred on the date stated above, at *8:15 P.M.*  
The principal cause of death and related causes of importance were as follows:  
*Ac. pancreatitis* Date of onset *11/1/32*  
*126*  
*128*  
*187B*  
*Cholelithiasis*  
*Cholecystitis*

Other contributory causes of importance:  
*Cholelithiasis*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? *yes*

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?  
If so, specify .....

(Signed) *J. D. Stoeckle* M. D.  
(Address) *127 Central - Clayton*

WHITE PLAIN PLY 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.

