

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

Do not use this space.

42427

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1018  
City St. Louis, Missouri No. 4343, Connecticut

File No. ....  
Registered No. 11559  
St. .... Ward)

**2. FULL NAME** Mrs. Emma Kruegerherm

(a) Residence, No. 4343 Connecticut St., 16 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 73 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>William Kruegerherm</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>February 13, 1859</b>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<b>73</b>		<b>10</b>	<b>13</b>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housework</b>			
	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) **St. Louis, Missouri**  
(STATE OR COUNTRY)

13. NAME **Frederick Schulenburg**  
14. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Elizabeth Schulten**  
16. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Elizabeth Kruegerherm**  
4343 Connecticut

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Paul's Churchyard Dec. 28th 1932**

19. UNDERTAKER (ADDRESS) **Reidenshider Funeral Home Inc**  
1736 St. Ann St

20. FILED 26 21 1932  
**May C. Storkel**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 26, 1932**

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1932 to Dec 26 1932.  
I last saw him alive on Dec 26 1932. Death is said to have occurred on the date stated above, at 2:40 P.M.

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

**Rubar Pneumonia**  
**108**  
**108**  
Date of onset 12/24/32

Other contributory causes of importance:

Name of operation Physical Date of .....  
What test confirmed diagnosis? Physical 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: **(1)**

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

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

(Signed) **Henry P. Gaul**, M. D.  
(Address) 790 S. Cherokee St

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.

1000  
2700

6-7:30