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

Do not use this space.

15912.

File No. .....

Registered No. 124

1. PLACE OF DEATH

County Cape Girardeau — Registration District No. 125

Township ..... — Primary Registration District No. 13009

City ..... (No. Southeast Mo. Hosp. St. ..... Ward)

2. FULL NAME Mrs Helen Kruger

(a) Residence, No. 727 Broadway 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 Louis Kruger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-11-1880

7. AGE: Years 52 — Months 6 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Cape Girardeau Mo.

FATHER

13. NAME Joe Joeger

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

MOTHER

15. MAIDEN NAME Lizzie Shibelbine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

17. INFORMANT Miss Helen Kruger
(ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Terrene Cemetery DATE 5-26 1933

19. UNDERTAKER Bruntofs Funeral Home
(ADDRESS) Cape Girardeau Mo

20. FILED 5-26 1933 W C Kempfer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933, to May 24, 1933

I last saw h. alive on May - 24, 1933. Death is said to have occurred on the date stated above, at 2:30 P.m.

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

	Date of onset
Rupture Cystoid C. D.	2/4/33
Carcinoma Prostrating Thyroid	
Moderate Infection Urinary	
Genitalia Gallstones	
1886	
Other contributory causes of importance: 1945	
1327	

Name of operation Laparotomy T. Ryan Date of 2/15/33

What test confirmed diagnosis? Path Lab Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/15, 1933
Where did injury occur? In Her home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Fell on Ruptured Cystoid
Nature of injury Rupture Cystoid C.

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Washing in home
(Signed) C. L. Dalpaugh, M. D.
(Address) Cape Girardeau Mo

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.

JUN 20 1933