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

Do not use this space.

File No. 18480

Registered No. 4958

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St Louis Mo (No. 2715, Osage ..... St. ..... Ward)

2. FULL NAME Adolph L Krueger

(a) Residence, No. 2715 Osage St. 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

JUN 19 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ann Krueger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1883

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51	0	19	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Empire coffee Tea

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

FATHER

13. NAME August Krueger

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Ann M Krueger 2715 Osage

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset DATE May 17 1934

19. UNDERTAKER Jos Gerdemann Bros (ADDRESS) 3629 Chouteau

20. FILED MAY 16 1934 19 J Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

W. Payne attending

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 — 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 a.m.

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

		Date of onset
Chr. Myocarditis	1 yr B	
	21	
	18 C	
Chronic Interstitial Nephritis		
Cerrhosis of liver		

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) Harold D Schulz M. D.

(Address) Dyer Ill.

5/18/34

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.

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