

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.

NOV 27 1935

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

Do not use this space.

33828

1. PLACE OF DEATH

County Madison

Registration District No. 785

Township Carondelet

Primary Registration District No. 6248

City Glendale

(No. 950 Surger Ave)

File No. _____

Registered No. 175

St. _____ Ward _____

2. FULL NAME

Otto H. Krueger

(a) Residence, No. 950 Surger 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 <u>M.</u>	4. COLOR OR RACE <u>H.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Mary Krueger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-16-1894</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>0</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Florist</u>		
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) <u>Mo</u>		
13. NAME <u>Joseph Krueger</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs Elizabeth Mary Krueger</u> (ADDRESS) <u>950 Surger</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Peter's Cw</u> DATE <u>10-17-1935</u>		
19. UNDERTAKER <u>Louis H. Bopp</u> (ADDRESS) <u>Shawwood Mo</u>		
20. FILED <u>10/17</u> 19 <u>35</u> <u>Agnes C. Kelly, Deft</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-1935

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933, to Oct 10, 1935
I last saw him alive on Oct 2, 1935. Death is said to have occurred on the date stated above, at 11:50 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset 1932

Other contributory causes of importance:
Chronic Myocarditis 1934

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinalysis 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) Harold Spangman, M. D.
(Address) Jefferson Mo

