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.

100M-3-28-35

DEC 12 1935

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

Do not use this space.

37512

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9479

City St Louis (No. 5611 Columbia Ave St. ..... Ward)

2. FULL NAME Aloysius G. Kruse

(a) Residence, No. 5611 Columbia Ave St., 13 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 31, 1910

7. AGE: YEARS 25 MONTHS 1 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Walkman Welding Co.

10. Date deceased last worked at this occupation (month and year) July 20, 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freeburg Illinois

FATHER

13. NAME William H. Kruse

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

MOTHER

15. MAIDEN NAME Caroline Kraner

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

17. INFORMANT (ADDRESS) William H. Kruse 5611 Columbia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Peters Paul DATE 11-14 1935

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 Sotringshighway

20. FILED NOV 12 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1935, to Nov 11, 1935

I last saw him alive on Nov 10, 1935. Death is said to have occurred on the date stated above, at 9:15 A m.

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

Date of onset

acute Parecarditis

23

Other contributory causes of importance:

Lumbagial
Tuberculosis
of entire Thorax

Name of operation None Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify None

(Signed) Dr M F Harmann, M. D.

(Address) 2743 N Grand

Dr Harmanse
2743 So Grand