

JUN 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis, Mo. (No. Lutheran Hospital) St. Ward)

20719

File No.
Registered No. **4901**
St. Ward)

2. FULL NAME Mrs. Louisa Kruse

(a) Residence, No. 3944 Louisiana Avenue, St. 16 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>Mr. Raimond Kruse</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 29th, 1860</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>1</u>	DAYS <u>5</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) St. Louis, (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Henry Rohlfing

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

MOTHER 15. MAIDEN NAME Louisa Kruegerer

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

17. INFORMANT Mr. Raimond Kruse (ADDRESS) 3944 Louisiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Redeemer Cemetery 5-6-36

19. UNDERTAKER Beiderwiden Funeral Home, Inc. (ADDRESS) 1936 St. Louis, Mo.

20. FILED MAY 5 - 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1936

22. I HEREBY CERTIFY That I attended deceased from April 28th, 1936, to May 2nd, 1936
I last saw her alive on May 3rd, 1936 Death is said to have occurred on the date stated above, at 3:53 A.M.

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

Acute Lobar Pneumonia
Chronic Tubercular Nephritis
Other contributory causes of importance:
108
9

Date of onset
5/27/36

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) H. C. Klepper, M. D.
(Address) 3801 S. Broadway

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.

Mr. H. C. Jones

Business & Commercial

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