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.

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

JUL 14 1936

Do not use this space.
24368

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis, (No. 5465 Robin Ave St. ..... Ward)

File No. ..... Registered No. 5982

2. FULL NAME Fred Cruse

(a) Residence, No. 5465 Robin Ave St., 7 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophie E. (Buss)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1860

7. AGE: YEARS 75. MONTHS 8. 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. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General.
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) Germany.

FATHER

13. NAME Frederick Cruse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Louisa Boettcher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Oliver Cruse
(ADDRESS) 5465 Robin Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Freedens DATE June 11, 1936

19. UNDERTAKER Math Hermann & Son
(ADDRESS) 2165 E Fair Ave

20. FILED JUN 10 1936 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/14, 1936, to 6/5, 1936

I last saw him alive on 6/5, 1936 Death is said to have occurred on the date stated above, at 5 15 P m.

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

Cerebral hemorrhage & senility

Date of onset

Other contributory causes of importance:

Arterio sclerosis

Name of operation none 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? no

If so, specify .....

(Signed) J D Stillwell, M. D.

(Address) 3624 So Broadway, St Louis, Mo.