

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.

OCT 21 1936

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

Do not use this space.

35372

1. PLACE OF DEATH

County St. Charles

Registration District No. 757

File No. _____

Township _____

Primary Registration District No. 3036

Registered No. 178

City St. Charles (No. _____)

St. Joseph Hospital

St. _____ Ward _____

2. FULL NAME

Infant Dale Krueger

(a) Residence Pathtown Ill. 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 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 21 / 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
			<u>1</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation _____
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

FATHER 13. NAME George I. Krueger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Friedland Ill.

MOTHER 15. MAIDEN NAME Elsie Harrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winfield Mo.

17. INFORMANT (ADDRESS) L. S. Krueger

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis No. 24 DATE Sept 23, 1936

19. UNDERTAKER (ADDRESS) W. C. Sollmeyer & Sons Co. 800 N. Second St. Charles Mo.

20. FILED 9/30, 1936 Clarence H. Kessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22nd, 1936

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

I last saw him alive on Sept 22nd, 1936. Death is said to have occurred on the date stated above, at 10:15 P.M.

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

Intestinal haemorrhage Date of onset 9/21/36

Other contributory causes of importance: apoplexy nascentum 9/21/36

Name of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (accident, suicide, or homicide), 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 a factory, 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) D. J. Neuffer, M. D.
(Address) St. Charles, Mo.

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