

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

Do not use this space.

47097

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City.....

(No. **3620 Connecticut**)

St. .... Ward)

File No. ....

Registered No. **10**

**2. FULL NAME** Henry Krueger

(a) Residence, No. 3620 Connecticut St. St. 16 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*) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 11 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Department City of St. Louis  
10. Date deceased last worked at this occupation (month and year) June 1, 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Christ Krueger

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

15. MAIDEN NAME Minnie Lampe

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

17. INFORMANT Mrs. Anna Krueger (ADDRESS) 3620 Connecticut St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park. DATE Jan. 2, 1937

19. UNDERTAKER Bennet Nickerson (ADDRESS) 1138 7th St.

20. FILED JAN 1 1937 J. T. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1936 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1936 to Dec 30 1936

First saw him alive on Dec 27 1936 Death is said to have occurred on the date stated above, at 1 P. m.

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

Diabetes Mellitus  
Diabetic Coma

Date of onset 12-20-36

Other contributory causes of importance: Chr Nephritis interstitial ?

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) J. T. Bredeck M. D.

(Address) 5930 Sanderson St.

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.

THE UNIVERSITY OF CHICAGO

1911

1911

J. D.

1911