

MAR 5 - 1937

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**(No. **5223 EMERSON**)File No. **8175**Registered No. **1624**

St. .... Ward)

2. FULL NAME **HENRY KRUEGER**(a) Residence, No. **5223 EMERSON AVE** St. **7** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **60** yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>MALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>MARRIED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>HUSBAND of ALVINA KRUEGER</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan 28, 1877</b>		
7. AGE YEARS <b>60</b>	MONTHS <b>0</b>	DAYS <b>7</b>
		If LESS than 1 day, .....hrs. or .....min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>BRICKLAYER</b>		
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) <b>OCT. 1936</b>		11. Total time (years) spent in this occupation <b>45yrs</b>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS MO.**13. NAME **HENRY KRUEGER** ID14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN GERMANY** ID

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN GERMANY**17. INFORMANT **MRS. ALVINA KRUEGER** (ADDRESS) **5223 EMERSON**18. BURIAL, CREMATION, OR REMOVAL PLACE **FRIEDENS** DATE **FEB. 8, 1937**19. UNDERTAKER **Wedmeyer & Sons** (ADDRESS) **3934 49th St.**20. FILED **FEB 5 - 1937** **J. Bredeck** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 5, 1937**22. I HEREBY CERTIFY, That I attended deceased from **Jan 10, 1937, to Feb. 5, 1937**I last saw him alive on **Feb. 4, 1937**. Death is said to have occurred on the date stated above, at **7 A.** m.

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

**Chronic myocarditis**

Date of onset

**Don't know**

Other contributory causes of importance:

Name of operation **none** Date ofWhat test confirmed diagnosis? **Clinical** 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) **Roland R. Merwin** M. D.(Address) **5330 Geraldine**

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.

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