APR 15 1937

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

Do not use this space.

File No. 11289
Registered No. 400

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 55
Township: — Primary Registration District No.: 1901
City: St. Joseph (No. 1612 St. Joseph Ave. St. Ward)

2. FULL NAME: Anna Cecelia Krueger
(a) Residence, No. 1612 St. Joseph Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S., if of foreign birth? 48 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Paul Krueger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7, 1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home.
10. Date deceased last worked at this occupation (month and year): 1900.
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Norwalda, Germany

FATHER
13. NAME: Joseph Semtner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany

MOTHER
15. MAIDEN NAME: Marie Langer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany

17. INFORMANT: Mr. Paul Krueger
(ADDRESS) 1612 St. Joseph Ave. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemetery
PLACE St. Joseph, Mo. DATE April 2, 1937

19. UNDERTAKER: H. O. Sidenfaden and Son.
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 4/31 37 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932, to March 30, 1937
I last saw her alive on March 30, 1937. Death is said to have occurred on the date stated above, at 4:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	unknown

Other contributory causes of importance:

arteriosclerosis General	unknown

Name of operation: None Date of
What 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) Gustav A. Lau, M. D.
(Address) Kirk Patrick Bldg, St Joseph Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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