

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 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33012

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **of St. Louis** (d) Street No. **1241 S. 7th St** Registered No. **9066**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John Kruger**

(a) Residence, No. **1241 So. 7th Street** St. **22**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Husband of Margaret (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1865		
7. AGE 71	YEARS 11	MONTHS 4
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer		
9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed		
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
13. NAME Henry Kruger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Margaret Kruger 1241 S. 7th St
18. BURIAL, CREMATION, OR REMOVAL in PLACE St. Peters Cem DATE Sept. 29, 1937
19. FUNERAL DIRECTOR (ADDRESS) C. N. McLaughlin 2301 Lafayette Ave
20. SEP 28 1937 Local Registrar. J. F. Braddock

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1937	19.....
22. I HEREBY CERTIFY, That I attended deceased from 5/10/37 19..... to 9/26/37 19..... I last saw him live on 9/26/37 19..... Death is said to have occurred on the date stated above, at 5:30 P. M. The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis Date of onset 5/10/37	
Other contributory causes of importance: 23	
Name of operation.....	Date of.....
What test confirmed diagnosis? Roentgen	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) Howard E. Howard M. D. (Address) City Hospital No. 1	

STATEMENT BY LICENSED EMBALMER

I, L R Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed L R Cooper

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)