CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 9 1938

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

18059
Do not use this space.

1. PLACE OF DEATH
(a) County Cole — Registration District No. 213
(b) Township Jefferson — Primary Registration District No. 3014 — Registered No. 141
(c) City Jefferson — (d) Street No. 804 Washington St. J.C.Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Harold Lee Krueger 626
(a) Residence, No. 804 Washington St. (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): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5. 1938
7. AGE: — YEARS: — MONTHS: — DAYS: — If LESS than 1 day, 7 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
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): Jefferson City, Mo

FATHER
13. NAME: Julius Krueger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City, Mo

MOTHER
15. MAIDEN NAME: Mary Meister
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City, Mo

17. INFORMANT (ADDRESS): Julius Krueger, 804 Washington
18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverview DATE 5/6 1938
19. FUNERAL DIRECTOR (ADDRESS): Buescher Funeral Home, Jeff. City, Mo
20. FILED May 6, 1938 [signature] M.D. Local Registrar. 111

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to May 5, 1938
I last saw him alive on May 5, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Premature, mother had Toxemia of Pregnancy 7½ mo gestation

Date of onset

Other contributory causes of importance: none

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Name of operation — 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) [signature], M.D.
(Address) Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Victor Bueschee, Licensed Embalmer No. 3701

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 Victor Bueschee

Licensed Embalmer No. 3701

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