

REC'D OCT 12 1938

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

30946  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 791  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1003 Registered No. 8383  
 (c) City St. Louis, Mo. (d) Street No. 5022 Pernod 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 Robert Krueger 626

(a) Residence, No. 5022 Pernod St. 14  
 (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 (OR) WIFE OF Clara B. Krueger  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1869  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 4 9  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railway postal clerk. retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 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) Chicago Illinois

FATHER 13. NAME Not known  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Not known  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mrs. Clara Krueger  
 (ADDRESS) 5022 Pernod

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Sept 27, 1938

19. FUNERAL DIRECTOR (NAME) A. Keon S. & Co.  
 (ADDRESS) 2707 N. Grand Blvd.

20. FILED SEP 26 1938 J. J. Predeck  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-38

22. I HEREBY CERTIFY, That I attended deceased from 9-23-38, 1938, to 9-24-38, 1938.  
 I last saw him alive on 9-24-38, 1938. Death is said to have occurred on the date stated above, at 12:45 p.m.  
 The principal cause of death and related causes of importance were as follows:

Pharynx thrombosis 9/23  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:

Rheumatism 6-8 yrs (Genie History)

Name of operation NO. Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, at 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) O. P. Pfeiffer, M. D.

(Address) 4523 S. Kingshighway

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Paul F. Knollenberg*, or by .....

Registered Apprentice No....., working under ~~my~~ personal supervision.

Signed *Paul F. Knollenberg*

Licensed Embalmer No. *2631*

P. O. Address *2707 - 4 - Dia*

**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.)**

**If this body is not embalmed, above space should be left blank.**