

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.

SEP 20 1938 ^{RECD} OCT 6 1938

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

33326
 Do not use this space.

1. PLACE OF DEATH 2
 (a) County Indiana Registration District No. 784
 (b) Township _____ Primary Registration District No. 115 Registered No. 1534
 (c) City University (d) Street No. 6935 Amhurst Ave. 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 62 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Hahn Krueger
 (a) Residence, No. 6935 Amhurst Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles F. Krueger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 13th 1855</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>8</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>housework</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>at home</u>		
10. Date deceased last worked at this occupation (month and year) <u>July 7 1938</u>		
11. Total time (years) spent in this occupation <u>50</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Henry Hahn</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Marie Weber</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Irga Krueger Gissler</u> (ADDRESS) <u>6935 Amhurst</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Missouri Crematory Sept 21st 1938</u>		
19. FUNERAL DIRECTOR (NAME) <u>Henry L. Weidemueller</u> (ADDRESS) <u>6203 Gravois Ave</u>		
20. FILED <u>SEP 20 1938</u> <u>J.R. Meyer</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7-38 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1938, 19____, to Sept. 18, 1938, 19____
 I last saw her alive on Sept. 18, 1938, 19____. Death is said to have occurred on the date stated above, at 12:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Chronic Myocarditis
Auricular Fibrillation
Senility and Arteriosclerosis
 Other contributory causes of importance:
None
 Name of operation None 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 _____, 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 Paul Ramsey Webb, M. D.
 (Signed) _____ (Address) Chemical Bldg.

Date of onset
9/7/38

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, _____, or by _____

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

Signed _____

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address _____

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;