

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

**34634**  
 Do not use this space.

DEC'D NOV 21 1938

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Law Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 6625 Brooklyn Registered No. 3967  
 (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**

(a) Residence, No. 6625 Brooklyn 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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sylvia A Krueger  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-28-1874  
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 59 6 13  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Delivery  
 9. Industry or business in which work was done, as saw mill, bank, etc. clerk. mo. P. R. R.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

FATHER 13. NAME Karl Krueger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Rauise

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Sylvia A Krueger 6625 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 10-12 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr. C. R. Foster 918 Brooklyn R. C. mo.

20. FILED Oct 11, 1938 M. M. Cronin Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10<sup>th</sup> 1938, to Oct 10<sup>th</sup> 1938

I last saw him alive on Oct 10 1938. Death is said to have occurred on the date stated above, at 2457 m.

The principal cause of death and related causes of importance were as follows:

Had double bronchial pneumonia the date of onset unknown to me. Date of onset 34

Other contributory causes of importance: Had neurosyphilis of long standing

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? Yes  
 If so, specify \_\_\_\_\_

(Signed) E. H. Bullock \_\_\_\_\_, M. D.  
 (Address) 3644 Troost Kansas City, 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.

**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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

*1121 [unclear]  
[unclear]  
[unclear]*