

JAN 6 1939

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

43009
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township _____ Primary Registration District No. 3016 Registered No. 112
 (c) City Washington, Mo. (d) Street No. 509 Locust St. 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 61 yrs. 7 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Kruel

(a) Residence, No. 309 Locust St. Washington, Mo. (Usual place of abode, if no street address, write county & city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF * Louis G. Kruel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1877

7. AGE YEARS 61 MONTHS 7 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Washington, Mo.

FATHER 13. NAME August Brauns,

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

MOTHER 15. MAIDEN NAME Christina Hermann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Mo.

17. INFORMANT Mr. Louis G. Kruel (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington, Mo. DATE Dec. 27, 1938

19. FUNERAL DIRECTOR Otto & Co. (ADDRESS) Washington, Mo.

20. FILED Dec 26-38 1938 H. A. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1929, to Dec. 25th, 1938

I last saw her alive on Dec. 18th, 1938. Death is said to have occurred on the date stated above, at 5 A. m.

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

Angina pectoris

Date of onset 12-25-38

Other contributory causes of importance:

Chronic myocarditis
Arteriosclerosis
Hypertension

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical History 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 ✓, 1938

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 N. A. May, M. D.

(Signed) H. A. May, M. D.

(Address) Washington, Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. No. 2.
50M-7-20-37
I X12004

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.

FEB 26 1942

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STATEMENT BY LICENSED EMBALMER

I, Henry W. Otto, Licensed Embalmer No. 3560

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

L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Henry W. Otto
Licensed Embalmer No. 3560

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.)