JUN 16 1939

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

23249
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 2 Registration District No. 784

(b) Township ~~St. Ferdinand~~ 1 Primary Registration District No. 200 Registered No. 1071

(c) or City Pattonville (d) Street No. Old St. Charles and Smiley Roads 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 626 Juluis Ludwig Krueger

(a) Residence, No. Old St. Charles & Smiley Rds. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	8	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. self
10. Date deceased last worked at this occupation (month and year) 12/10/ 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo. 0

FATHER
13. NAME Frederick Krueger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Charlotte Lohmeier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Mo. 0

17. INFORMANT (ADDRESS) William Krueger Pattonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Charles, Mo. DATE 6-17-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Baumann Bros. Inc. 2504-Woodson Rd. Overland, Mo.

20. FILED JUN 16 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from January 8th, 1939, to June 14th, 1939
I last saw him alive on June 14th, 1939. Death is said to have occurred on the date stated above, at 5:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	1-3-39
Other contributory causes of importance:	
Arterio-Sclerosis	1-3-39

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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) H. T. Coleman, M. D.
(Address) Pattonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address 2504 Woodson Rd., Overl

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.