

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

18986

**1. PLACE OF DEATH**

County.....St. Louis..... Registration District No. 1000 File No. 4585  
 Township.....St. Louis..... Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City.....Baptist Hospital..... St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 3712 Nat Bridge Ave N Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yes mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**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 Mary Pauline Kroeber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-15-68

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_hra. or \_\_\_\_\_min.  
60 4 26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Butcher  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired  
 (c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Henry Kroeber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Mary Pauline Kroeber  
 (Address) 3712 Nat Bridge Ave

15. FILED 2 15 22 19. May 6 Start 1922

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 - 1922

17. I HEREBY CERTIFY, That I attended deceased from April 20 to May 11, 1922  
 that I last saw him alive on May 10, 1922, and that death occurred, on the date stated above, at 2:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Parvucelle in neck  
Infections -  
 \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY disorders of urine  
 (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED at Home 3714 Nat Bridge Ave  
 IF NOT AT PLACE OF DEATH. Back St

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? symptoms  
 (Signed) Dr. M. J. Sherman M. D.

, 19 (Address) 3512 Grand Ave

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Pauls Ch DATE OF BURIAL 5-13 1922

20. UNDERTAKER Provest Dehmann ADDRESS 3710 N Grand

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.

